

Technical Assistance

HOME Choice and Managed Care Plans (MCPs) & MyCare Ohio Plans (MCOPs)

<http://codes.ohio.gov/oac/5160-51>

Purpose:

The Ohio Department of Medicaid's (ODM) HOME Choice is a program designed to assist eligible individuals in moving from institutional settings to community settings. The program works in tandem with other Medicaid services and community supports, including home and community-based services (HCBS) waiver programs. This document is meant to differentiate the roles and responsibilities for **HOME Choice** and **Managed Care Plans (MCPs)/ MyCare of Ohio Plans (MCOPs)** to optimize collaboration.

HOME Choice Eligibility:

- Currently approved for Medicaid
- Have a need for the program
- 90-day institutional stay (Nursing facility or hospital)
- Have income or a means of support in community
- Must be at least 18 years of age
- Agree to participant responsibilities
- Move to housing compliant with the Home and Community Based Settings rule

Referral:

MCP/MCOP staff can refer any identified member requesting assistance with transitioning into the community to the HOME Choice program. The application can be found at <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Home-Choice>.

Services:

- **Transition Coordination (TC):**
 - Two statewide transition coordination agencies, CareStar & National Church Residences, coordinate HOME Choice participants' transitions up to 180 calendar days prior to discharge and 30 calendar days post-discharge to both waiver and non-waiver individuals.
 - All individuals enrolled in HOME Choice are assigned a Transition Coordinator.
 - Transition Coordination is paid for by ODM grant funds *NOT* the MCP/MCOP.
- **Community Transition Services (CTS):**
 - CTS is a service offered through HOME Choice AND the MyCare HCBS waiver.
 - CTS is available to individuals who are transitioning from a Nursing facility or hospital to the community. This service can pay for non-recurring start-up living expenses to enable establishment of a household that are reasonable and necessary.
 - CTS can be provided up to 180 calendar days prior to an individual's discharge from an institutional setting and 30 calendar days post discharge.

<u>Medicaid Managed Care & MyCare (Non-Waiver)</u>	<u>MyCare Waiver</u>
Authorized and coordinated by the TC	Authorized and coordinated by the MCOP in collaboration with the TC
Paid for by ODM HOME Choice funds, NOT the MCP	Paid for by MCOP

*This document will be updated to reflect changes to policy/practices.

Collaboration

The MCP/MCOP is automatically notified of HOME Choice enrollment or denial by ODM. If the member enrolls, the TC assignment is included in the notification. The MCP/MCOP is also notified if a member disenrolls from HOME Choice or is terminated prior to a successful transition. The MCOP/MCP may always outreach to HOME_Choice@medicaid.ohio.gov or 888-221-1560 for questions regarding an individual's eligibility.

MCOP

1. Upon notification of HOME Choice enrollment, the MCOP is expected to outreach to the TC (if communication has not already occurred) to discuss transition needs.
2. The MCOP must assist the individual with completion of a waiver application upon request from the member or TC. Please note, the MCOP is able to submit the application prior to the member securing housing. <https://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM02399fillx.pdf>
 - The PASSPORT Administrative Agency (PAA) typically completes the Level of Care Assessment (LOC) within 10 business days. If more than 90 days passes before all waiver enrollment criteria are met (including discharge), the MCOP may request a new LOC if there are changes to the member's health status. If no changes have occurred, the MCOP is not required to request a new LOC while awaiting discharge. Please note, a LOC every 30 days is not required.
3. For Members whom are **not** found to meet the LOC for waiver services, follow steps below:
 - a. The MCOP shall incorporate HOME Choice goals/activities into the individualized care plan.
 - b. No later than 30 calendar days upon return to the community, the MCOP and TC will complete a warm hand-off to ensure that needs are met.
4. For Members whom **are** found to meet the LOC, follow steps below:
 - a. The TC will request prior authorization from the MCOP for CTS via the "Waiver CTS Authorization Template" (Appendix A). Please note, the TC may request an expedited request.
 - b. The MCOP shall respond in accordance with OAC 5160-26-03.1 (<http://codes.ohio.gov/oac/5160-26-03.1>) with confirmation the person-centered services plan has been updated, or with feedback on edits required and request for resubmission.
 - c. The TC will spend according to the approved plan and retain receipts.
 - d. The MCOP will document all interactions in its care management system and update the person center service plan as needed.
 - e. Upon discharge from the Nursing facility or hospital, the MCOP and TC will complete a warm hand-off to ensure no gaps in service.
 - f. The TC shall send the final "Waiver CTS Authorization Template" (Appendix A) to the MCOP with receipts prior to the 30th calendar day post-discharge.
 - g. The MCOP shall reimburse authorized community transition service purchases upon receipt of the invoice on or after the date of discharge to the community. The date of the individual's waiver enrollment (discharge date) is the CTS service date.

MCP

1. Upon notification of HOME Choice enrollment, the MCP (either care manager or MCP point of contact) is expected to outreach to the TC (if communication has not already occurred) to discuss transition needs.
2. If the member is enrolled in Medicaid care management, the MCP shall incorporate HOME Choice goals/activities into the individualized care plan.
3. No later than 30 calendar days upon return to the community, the MCP and TC will complete a "warm hand-off" to ensure that needs are met.

*This document will be updated to reflect changes to policy/practices.

MyCare Waiver
Expedited Request

Ohio Department of Medicaid
Waiver CTS Authorization Template

Final Copy
Receipts Attached

Last Name		First Name			Medicaid ID Number			
Program:		TC Agency or CTS Provider Name			Provider ID			
Program Representative (PRINT)		TC or CTS Provider Contact			TC or CTS Provider Phone Number			
Signature Approval and Date by Program Representative →					Program Representative Phone Number			
DATE OF REQUEST	NECESSARY AND ALLOWABLE EXPENSE REQUESTED	ESTIMATED COST	APPROVED	DENIED	PROGRAM REPRESENTATIVE COMMENTS	DATE OF PURCHASE	ACTUAL COST	
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL ESTIMATED							TOTAL ACTUAL	

Per 5160-44-26 – Community transition services shall not exceed two thousand dollars per individual per waiver enrollment.

Revised 7/12/19

*Administrative Fee not allowable for HOME Choice individual.