



LIVING CHOICE DEMONSTRATION

Money Follows the Person (MFP)



Presentation Overview

- MFP/Living Choice Background
- MFP Operational Processes
- Community Service Plan
- Transition Coordination Activities
- Housing Initiatives
- Alternative Funds
- Critical Incidences

BACKGROUND

DAVID WARD

Manager, Long Term Services & Supports (OHCA)

Money Follows the Person Living Choice Demonstration

**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 and Medicaid Services award the grant.
- 42 states and The District of Columbia currently operate an MFP program.



*President George W.
Bush Signing the
Deficit Reduction Act*



Oklahoma's Living Choice Demonstration



- Oklahoma received the MFP Demonstration Grant Award in 2007.
- Began transitioning members in 2009.
- Provides Oklahomans more options to manage their health care needs in the comfort of their own home.
- To date, Oklahoma has transitioned more than 830 members.
- Awarded the MFP-Tribal Initiative in 2015.

STAFF

- MFP Project Director
- MFP Project Director – Tribal Initiative
- MFP Liaison
- MFP Research Analyst (2)
- MFP Nursing Staff (4)

Populations Served

- Physically Disabled – ages 19 and older
- Older Population – ages 65 and older
- Intellectually Disabled – 2010-16
- PRTF Population - 2018



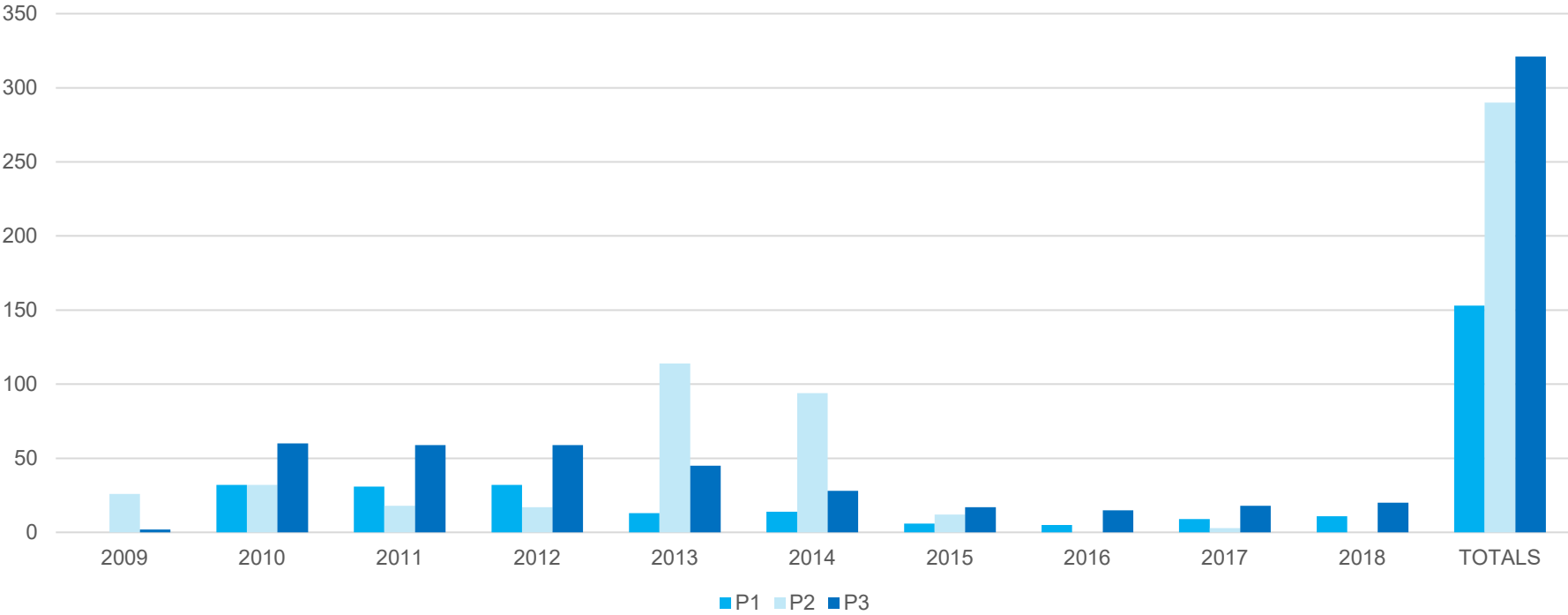
*Gregory is a SoonerCare Member
on Living Choice*



Over 800 Oklahomans Transitioned To Communities

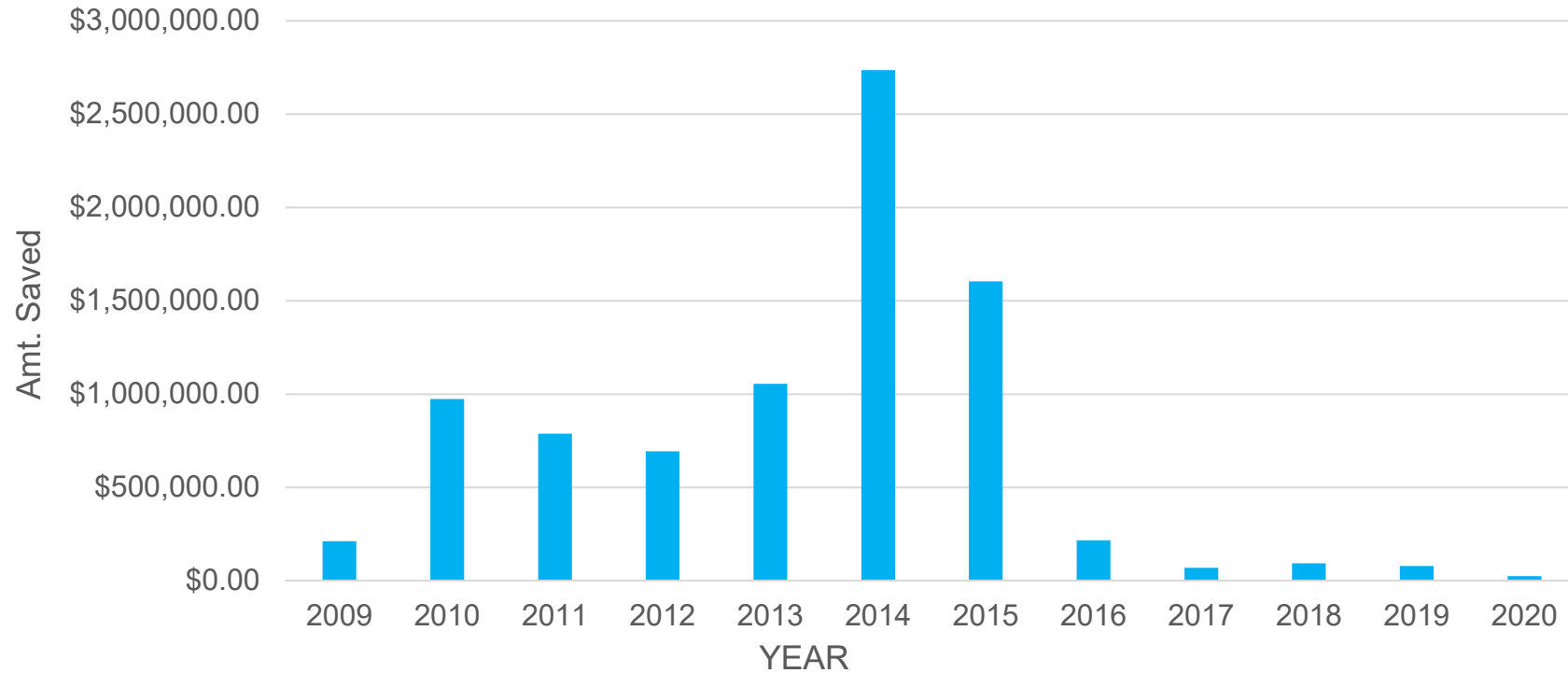


LIVING CHOICE MEMBERS



Rebalancing Funds

Over \$8.5 million saved



The report indicates average monthly expenditures per beneficiary declined by approximately \$1,840 (23%), equating to a mean cost-savings of \$22,080 following the first transition year.

Source - The 2017 MFP Rebalancing Demonstration Report to Congress



MFP Eligibility Requirements

- Medicaid eligible.
- Reside in an institution for 60 consecutive days.¹
- One day of stay paid by Medicaid.
- Must be willing to actively participate in transition.

Services at a Glance

- Assisted Living services
- Case management
- Home-Delivered Meals
- Personal care
- Self-Direction services
- Skilled nursing
- Therapy Services
- Transition funds available for housing needs
 - A one-time allotment of up to \$2,400.00.



Demonstration Period



Member will spend 365 days in the Living Choice Demonstration.



On day 366...



ADvantage Waiver²

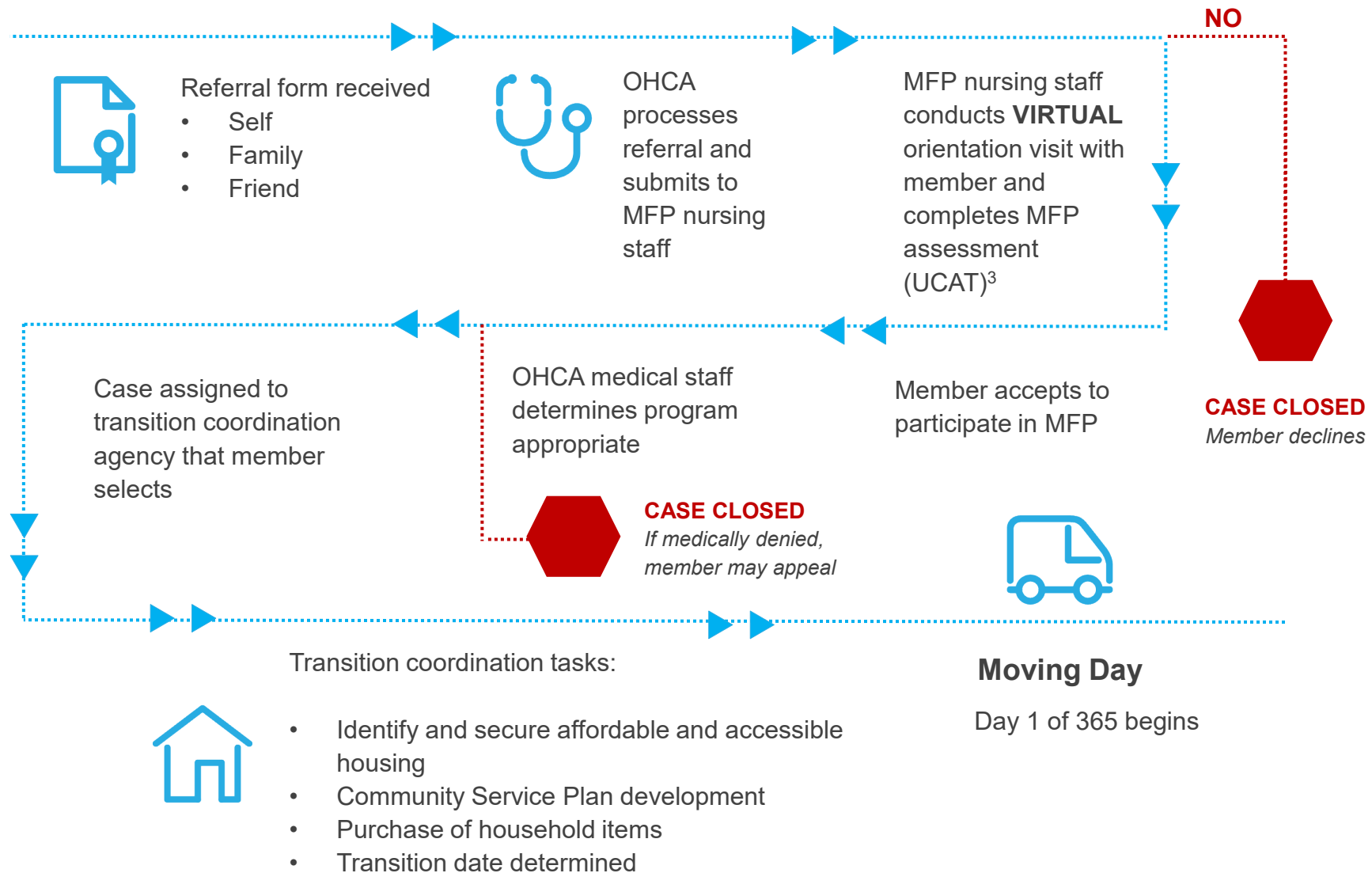
- Physically disabled (19-64)
- Older persons (65+)

OPERATIONAL PROCESSES

Essence McKnight

Director, Money Follows the Person/Living Choice

MFP TRANSITION PROCESS



IT ALL BEGINS WITH A REFERRAL

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

- Phone: 1-888-287-2443
- Fax: 405-530-7265
- Website: www.okhca.org/ltss
- Email:

Oklahoma.livingchoice@okhca.org

The screenshot displays the 'Long-Term Care Waiver Operations' website interface. The main heading is 'Long-Term Care Waiver Operations' with a sub-heading 'Create New Referral Case: Living Choice'. The form is divided into several sections: 'Personal Information', 'Institutional Information: (Living Choice Only)', and 'Referral Information'. The 'Personal Information' section includes fields for Last Name, First Name, Medical Number, DOB, Sex, Race, Current Address, City, State, Zip, and a checkbox for 'Do you have a legal guardian/power of attorney with medical decision making authority?'. The 'Institutional Information' section includes fields for Name of Institution, Address, City, State, Zip, Provider ID, and a checkbox for 'Do you have a legal guardian/power of attorney with medical decision making authority?'. The 'Referral Information' section includes fields for Person making referral, Last Name, First Name, Relationship, and a checkbox for 'Do you have a legal guardian/power of attorney with medical decision making authority?'. The form is designed with a blue header and footer, and a white background for the main content area.

WWW.OKHCA.ORG/LTSSREFERRAL

PRE- TRANSITION

- Pre-transition paperwork is completed by MFP nursing staff at the member orientation virtual visit
- Pre-transition paperwork consists of:
 - Consents and rights (Verbal Consent)¹
 - Release of information
 - UCAT Part III Assessment
- *UCAT Assessment is valid for 6 months

¹ Member has 90 days to submit Consents & Rights (PHE)

CLINICAL

Pamela Jackson, RN

Supervisor, Population Care Management

CLINICAL REVIEW

- OHCA clinical staff will review UCAT Assessments
- OHCA medical staff determines if a member is medically approved for community transition
- OHCA Behavioral Health Unit reviews approved cases to determine the necessary recommendations for behavioral health services

Remember: OHCA has final administrative oversight and determines whether a member can safely transition into the community or not.

MEDICAL DENIALS

- If a member is medically denied, the member has the right 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 APPROVALS

- 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.

LONG TERM SERVICES AND SUPPORTS

☒ Living Choice

☐ Medically Fragile

COMMUNITY SERVICE PLAN

☒ New

☐ Reassessment

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

A. HOUSING INFORMATION

Housing Supplements (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Low-Income Housing Tax Credits | <input type="checkbox"/> Section 811 | <input type="checkbox"/> Funds for Assistive Technology related to Housing |
| <input type="checkbox"/> HOME Dollars | <input type="checkbox"/> 202 Funds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CDBG Funds | <input type="checkbox"/> USDA Rural Housing Funds | <input type="checkbox"/> Not Applicable |
| <input checked="" type="checkbox"/> Housing Choice Vouchers | <input type="checkbox"/> Veteran's Affairs Housing Funds | |
| <input type="checkbox"/> Housing Trust Funds | <input type="checkbox"/> Funds for Home Modifications | |

Living Arrangements:

Will Participant live with family?

- ☐ Yes
☐ No

Housing Type:

- | | |
|--|---|
| <input type="checkbox"/> Home – owned by Participant | <input checked="" type="checkbox"/> Apartment – not assisted living |
| <input type="checkbox"/> Home – owned by family member | <input type="checkbox"/> Apartment – assisted living |
| | <input type="checkbox"/> Group home of no more than 4 people |

Participant/Legal Representative Initials _____

NOTE: Full signature required on final page only. Initials required for all other pages. OKHCA Revised 10-27-2015

COMMUNITY SERVICE PLAN

C. SERVICES AND GOALS - #1

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
	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? <input checked="" type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

SERVICES AND GOALS - #2

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
	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? <input checked="" type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

Participant/Legal Representative Initials _____

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OKHCA Revised 10-27-2015

LONG TERM SERVICES AND SUPPORTS

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Supplemental Community Service Plan Goals & Outcomes

Participant Name	Boomer	Sooner	O	123456789
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>SoonerCare ID</i>

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
<p>Goal # 2</p> <p>Boomer is managing his/her personal care and homemaking needs with assistance</p> <p>He/she is directing all aspects of his/her ADLs and IADLS</p> <p>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</p>	<p>A) Sooner will have assistance with homemaking and chores either through PCA services through (Home Health Agency) or through Self-Directed Services</p> <p>B) PCA will assist Sooner 14 hours a week with the following:</p> <ol style="list-style-type: none"> 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						
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? <input checked="" type="checkbox"/> Plan Year <input type="checkbox"/> 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						
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? <input checked="" type="checkbox"/> Plan Year <input type="checkbox"/> Until Expected Outcome is met						

Participant/Legal Representative Initials _____

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LONG TERM SERVICES AND SUPPORTS

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COMMUNITY SERVICE BACK-UP PLAN

Participant Name	Boomer	Sooner	O	SoonerCare ID #	123456789
	<i>Last</i>	<i>First</i>	<i>M.I.</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
<u>Direct Care Assistance</u> 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 #	<input checked="" type="checkbox"/> 911 <input type="checkbox"/> Other
<u>Critical Health - Supportive Services</u> 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 #	<input checked="" type="checkbox"/> 911 <input type="checkbox"/> Other

Participant/Legal Representative Initials _____

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LONG TERM SERVICES AND SUPPORTS 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
<u>Equipment – Maintenance Options</u> 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 #	<input checked="" type="checkbox"/> 911 <input type="checkbox"/> Other
<u>Transportation</u> 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 #	<input checked="" type="checkbox"/> 911 <input type="checkbox"/> Other

Participant/Legal Representative Initials _____

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LONG TERM SERVICES AND SUPPORTS

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CRITICAL INCIDENT REPORT: EVALUATION

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	<i>Last</i>	<i>First</i>	<i>MI</i>		
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	<input type="checkbox"/> Sexual abuse <input type="checkbox"/> Lost or missing person <input type="checkbox"/> Questionable, unexpected or preventable death <input type="checkbox"/> Suicide attempt <input checked="" type="checkbox"/> Neglect* <input type="checkbox"/> Physical abuse* <input type="checkbox"/> Exploitation*	Within 1 working day	<i>Investigation Required.</i> Report on investigation required.
Level II – Serious	<input type="checkbox"/> Involvement with the criminal justice system <input type="checkbox"/> Restraint use <input type="checkbox"/> Medication error with adverse effects <input type="checkbox"/> Falls with injury	Within 2 working days	Evaluation required. <i>May require investigation.</i> If investigated, report on investigation required.
Level III – Significant	<input type="checkbox"/> Verbal abuse* <input type="checkbox"/> Hospitalizations <input type="checkbox"/> Emergency room visits	Within 2 working days	Evaluation required. <i>May require investigation.</i> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' – has the change been implemented? Please comment:			
Agency Investigation Required? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes **If Yes: <u>Submit Critical Incident Investigation Report</u>			
Who was notified about this incident? <input type="checkbox"/> OKHCA or Designee		<input checked="" type="checkbox"/> Supervisor/TC/CM <input type="checkbox"/> Law Enforcement	
		<input type="checkbox"/> APS <input checked="" type="checkbox"/> Legal Guardian	
		<input type="checkbox"/> Other (list)	

C. SUPERVISORY REVIEW

Agency Supervisor has reviewed Critical Incident Report Evaluation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

LONG TERM SERVICES AND SUPPORTS

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CRITICAL INCIDENT REPORT: INVESTIGATION

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	<i>Last</i>	<i>First</i>	<i>MI</i>		
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. CONCLUSIONS 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? 03/24/2017 TC/CM Supervisor Signature:

Comments: For the Case Manager's Supervisor use

HOUSING

Deborah Jenkins, Executive Director

Oklahoma Housing Finance Agency (OHFA)

Housing

- Reasonable Accommodations
- Housing Choice Vouchers
- Housing Availability

Transition Coordination

Living Choice Staff



COORDINATION ACTIVITIES

- Obtain necessary documentation (Birth certificate, drivers' license, etc.)
- Identify and secure affordable & accessible housing
- Service plan development
- Purchase of household items
(up to a \$2,400.00, one-time allotment)²
- Determine transition date

*Review Living Choice Case Management Transition Guide

² Please review the advised home assessment tool. Additional items may be purchased (if budget allows) to increase member's quality of life.

Living Choice Case Management Guidelines

Note: This guide is not all-inclusive. When in doubt please contact Living Choice personnel.

Case manager's (CM) or transitional coordinator's (TC) role in the Living Choice

Demonstration: Case management involves developing a rapport with the member. This includes assisting the Living Choice (LC) member with securing identification (e.g., birth certificate, or driver's license); housing or household essentials needed for transition; identifying a primary care doctor; and continuous monitoring of the member's acute and/or chronic health issues, mental health status, social needs and overall well-being while in the Living Choice Demonstration.

Step 1: When you receive an initial LC case:

- ✓ Review all case documents (UCAT I if indicated, UCAT III, etc.) to familiarize yourself with the case and the needs for the member.
- ✓ Make phone contact with the member to introduce self as CM. Discuss your role in assisting the member and explain the expectations regarding the member's involvement with transition.
 - Discuss member's housing preferences and options (apartment, assisted living, residing with family members, etc.). Let him or her know what informal supports available.
 - Identify if the member has proper identification (such as a driver's license, birth certificate or social security card). Make sure identification reflects the legal name the member uses.

If member needs help to secure proper identification:

Example: Jane Doe (maiden name) is married. The legal name she goes by is Jane Smith, but all of her identifying documents refer to her as Doe. In this scenario, the member would need a copy of the marriage certificate in order to obtain proper documentation. It is the responsibility of the CM to assist the member with this task. A CM can provide copies of the birth certificate request form for the member to complete and send back, if possible.

Costs associated with obtaining documentation can be reimbursed from the transitional funds that are available to the member. Each member is eligible for up to \$2,400 in transitional funds to assist with their return back into the community.

The Oklahoma Health Care Authority (OHCA) receives a reimbursement of these funds after the member transitions to the community and all necessary paperwork is submitted. Nursing facility social services workers may help

facilitate this task if they are available.

There may be additional expenses for which the member requires financial assistance and these may be covered.

If the member has proper identification, move to the next step.

Step 2: Schedule a visit to have a face-to-face meeting with the member.

- ✓ Address concerns, questions or issues, as well as bring any outstanding paperwork for the member to complete, if needed (such as birth certificate forms, or housing applications).
- ✓ Develop a timeline for assisting member with his or her transition.
- ✓ Identify potential housing preferences and/or gather apartment applications if there is time to do so.
 - The goal is to involve the member and/or informal supports as much as possible; however, your priority is to ensure the member's needs are met.

Step 3: Identify potential housing for member.

- ✓ Secure affordable and accessible housing for the member. This step can involve the use of various resources.
 - Examples of such resources include: Applications for the Oklahoma Housing Finance Agency (OFHA) or other Section 8/local income-based properties; apartment magazines with housing options; and **OHCA LC staff** who may have knowledge of potential resources for the area in which member would like to reside. Lastly, don't overlook disabled housing options, assisted living or privately-owned properties.
 - Make member involvement a priority! This is very important to the process.

If you encounter problems securing affordable, accessible housing:

Sometimes housing is identified, but the member must be placed on a waiting list. Other times there just aren't feasible options, even after exhausting all available resources. When this happens:

- OHCA will suspend the case so that the member does not use up the 180 days allowed for community transition.
- The TC must submit a provider communication with the effective suspend date during this period.
- When the member is contacted for vacant housing, then another provider communication must be submitted with the effective resume date.
- The TC may continue with community transition activities when the case is back in active status.

Step 4: Confirm appropriate residence for the member.

- ✓ TC should view the property to inspect the condition of residence and verify safety (property is free from hazards or barriers). This is to ensure that the housing is a feasible option for the member and his or her health needs.
- ✓ Please notify LC research analyst (RA) with the name and location of the property as well as the management or personnel contact.
 - OHCA LC staff will conduct a housing inspection on every residence prior to a member's transition.
 - Members cannot transition without a complete and approved housing inspection by LC staff.

When Appropriate Housing is identified:

For Example: Member utilizes a wheelchair for mobility. The housing option is a lower-level apartment, and the owner is able to make some modifications to unit for accessibility. You do not identify any hazards or barriers of which safety is a concern.

- ✓ TC completes the community plan after OHCA approves the housing.
 - CM drafts the community plan.
 - Submit a completed community plan to the RA at least two weeks before the anticipated transition. This allows time for review and corrections, if needed.
 - Please contact the RA should questions arise while developing the community plan. This helps to prevent delays in the approval process that may cause a delay in the transition period.

When Inappropriate Housing is identified:

For Example: Member utilizes a wheelchair for mobility, but the housing choice is not ADA (Americans with Disabilities Act) compliant and is located on the 2nd floor. This scenario is a safety concern, and the housing considered an inappropriate option for the member. In such a case, the CM and member would need to continue the search for suitable housing.

When Housing FAILS Inspection:

- OHCA may suspend the case so that the member does not use up the 180 days allowed for community transition.
 - The TC must submit a provider communication with the effective suspend date during this period.
 - When the member is contacted for vacant housing, then another provider communication must be submitted with the effective resume date.
 - The TC may continue with community transition activities when the case is back in active status.

Step 5: Prepare the Community Plan

- Customize each community plan to meet the member's specific medical and safety needs.
 - The Uniform Comprehensive Assessment Tool (UCAT) III is the basic tool to utilize in formatting the plan of care for the member.
 - The member's medical approval for the Living Choice Demonstration includes suggested recommendations from the nurse who performed the initial UCAT assessment. Please review these records when developing the community plan services for member.

- **UPDATE the UCAT documents as needed.** This may be necessary if, after visiting with the member, you identify additional needs or believe the needs are no longer valid. Please submit the revised UCAT documents along with community plan.
 - Secure home health services or supplies for the member. (Examples include catheter supplies, diabetic supplies and nutritional supplements.)
 - To do this, you must obtain orders from the nursing facility doctor. The home health agency can usually acquire this documentation but needs advanced notice of the transition.
 - This information goes to the durable medical equipment (DME) provider in charge of providing equipment and supplies for the member.
 - **Delaying this task can hinder the transition and safety of the member** because services will not be in place by his/her date of transition.
 - Locate a primary care provider (PCP).
 - The member must get a new PCP if his or her nursing home medical doctor does not see patients outside of the facility.
 - Home health agencies have provider resources who conduct home visits, or the member may have a PCP in mind.
 - Whichever is the case, make sure the member selects a new PCP, or the same PCP from the nursing home, to resume care after his/her transition to community.
 - Utilize AbleTech's DME Reuse Program (www.ok.gov/abletech/DME_Reuse/index.html) as a resource to obtain medical equipment for the member. AbleTech will deliver equipment to the member's home.
 - Effective 08/01/2021 Title XIX Medicaid Benefit will now cover a large number of the DME supplies. Incontinent supplies is included in this new list for covered benefits. (Please see the Incontinent Supply guidelines for Title XIX)
- *Note that at the time of transition, if the need for member to have incontinent supplies is documented on the UCAT. It is possible for the Case Manager to request a temporary supply for member. A three month supply will be considered for approval from the Living Choice Program. This will allow the Case Manager time to coordinate with the DME provider to obtain the required documentation to submit to Title XIX.

A few items are essential to all initial community plans, such as:

- Code T1016 - Allowable varies for each plan
- Code T1019 - Units will vary depending on the needs of the member
- Code T1002 - Allowable 10 units. One visit at initiation and one at 6 months
- Codes S5160 and S5161 - Almost all members receive the PERS ear monitoring system for safety (when medically necessary)
- Code S1111 / M1111- If member has only Medicaid, the first 36 visits are covered by State Plan, and then LC covers additional visits thereafter; if the member has Medicare and Medicaid (dually eligible), then this service is billed to Medicare.
- **Obtaining orders** from the nursing facility medical provider in regard to home health, supplements, prescriptions, medical equipment and/or supplies, and any other pertinent services is **very important**.
 - The home health agency can usually acquire this documentation but needs advanced notice of the transition to ensure timeliness of services.
 - The director of nursing (DON) and social services worker (SSW) at the nursing homes can help coordinate this so please establish contact and rapport with these individuals.
- A list of informal supports
- Completing a back-up plan with the appropriate people. Include contact numbers for each company or person listed.
- Customization - Services needed on the plan will vary from member to member.
- The signature of the CM/TC and the member. This is required for each plan.
- Help is available should you have concerns or questions. Contact the RA or clinical nurse supervisor for guidance at any time during your community plan preparation.
- Utilize the Living Choice Rate Sheet as a resource for coding and pricing

Step 6: Complete and send community plans to the assigned RA for submission to the clinical nurse supervisor to review. Do this at least two weeks prior to the tentative transition.

- In circumstances when this is not be feasible, LC staff will work with the TC/CM to coordinate completion of the plan.
- ALL community plans MUST BE APPROVED prior to transition.
 - Once approved, the RA sends the 6g and 6gSP (confirming approved status).
 - It is the TC's responsibility to fax or email a copy of approved 6gSP to all providers listed on the plan.
- Work with the clinical nurse supervisor to make any necessary revisions. Adjust, add or remove items as quickly as possible.
- Schedule the planned interdisciplinary team (IDT) meeting if you have a target transition date.

- The transition date may change for various reasons. If this happens, please communicate this information to RA or clinical nurse to adjust the dates of services. The RA/clinical nurse will notify DHS as to when to turn the member's eligibility over to LC.
 - LC cannot assist the member in the community if the transition occurs without an approved community plan and/or the Living Choice Demonstration process is not completed. Other resources must be explored at such time.
 - **Please make every effort to discuss this with the member** and the importance of completing the process prior to leaving the nursing home.

At this point, you have identification; housing has been selected and passed inspection; the community plan is approved; and the IDT is scheduled. Please go to next step.

Step 7: Conduct IDT on date of transition at a mutual location determined by the member and TC.

- ✓ The IDT can be held at the member's new residence, the nursing home or other mutually agreeable setting.
- ✓ Once the member successfully transitions, the TC/CM sends a provider communication to the RA at the OHCA. The RA then updates the member's new address and contact number (cell phone or home phone) as well as the effective date of the change (which is typically the transition date).

Step 8: Complete and submit a five-day follow-up with the member after transition has occurred. This follow-up helps to ensure the member adjusts at home and has all needed resources in place.

- ✓ We want to confirm that all services are being delivered in the type, scope and frequency as stated on the community service plan.

Step 9: Submit an addendum for the reimbursement of transitional funds (T2038) within 30 days of transition. Include receipts and any transitional units (T1016-U3) with case notes. Reimbursement of transitional funds and units pay to the TC's agency through a prior authorization.

- ✓ We want to ensure that the case management agency is paid (reimbursed) for services provided during pre-transition.
 - This also includes all expenses paid from the one-time allotment of up to \$2,400 per member. Receipts serve as proof of purchase for reimbursement. You must provide them.

- ✓ **IMPORTANT:** There may be times when Steps 1-6 are completed but, for some reason, the member does not transition. Or, maybe you have worked with the member and neither of you have been successful in locating affordable housing. In these scenarios you would contact the RA to discuss closure or suspension options for the case.
 - If the case closes, please complete the above steps (retain receipts, calculate units spent working the case, and submit an Alternative Funds Request form for reimbursement).

***Additional information applicable to the 365-day Living Choice Demonstration:**

- ✓ The TC must submit monthly case notes to the RA the following month. These notes are due by the fifth day of each month.
 - Please include the member's RID number on all case notes.
 - The monthly case notes assist with our quality and reporting measures as well as help us recognize and mitigate potential risk factors that would could adversely affect the member's health and welfare.
- ✓ Submit a provider communication to the RA as notice of a TC change; change in provider, case suspensions; updated phone numbers and addresses for the member; hospitalizations; temporary nursing facility placements; etc. These efforts help keep our charts/database up- to-date.
- ✓ Turn in a Critical Incident Report (CIR) for the Levels I, II and III within the required reporting timeline to the RA assigned over the case. (Please reference CIR for each specific incident that requires report.) Call the RA for guidance if you have any questions or concerns.
- ✓ Please notify the LC staff immediately if any problems or concerns arise prior to or after the member transitions. We are here to help you and ensure the safety of our members.
- ✓ Please type out information on all LC documents, if possible. This helps to eliminate any processing delays due to illegible handwriting.
- ✓ All LC documents are available online at www.okhca.org/ltc.
- ✓ **Please fax all correspondences to the main fax number (405-530-7265), addressed to the RA assigned to the case. You may also contact us toll free at 888-287-2443.**
- ✓ **Living Choice Research Analysts (RA):**

Patricia Harrison	Phone:405-522-7367
Natalie Boulos	Phone: 405-522-7075

- ✓ **For clinical questions regarding community plans** - In addition to contacting the RA, you can also contact the Living Choice clinical nurse supervisor. The clinical nurse supervisor reviews all community plans and addendums.

Pam Jackson RN, CCM

Phone: 405-488-9696/ pamela.jackson@okhca.org

Most members transition to ADvantage, State Plan or other private assistance after their 365 days in the Living Choice Demonstration.

The ADvantage Waiver process starts when a nurse with the Oklahoma Department of Human Services (DHS) contacts the member and/or CM approximately 30-60 days prior to the end of the Living Choice Demonstration. This is to schedule an assessment.

If the member meets the criteria, then he/she will transition to the ADvantage Waiver. This occurs by day 366 at the latest.

Failed Transitions (Alternative Funds)

The Living Choice Demonstration acknowledges that every participant who enters the transition process will not transition. The transition coordination agencies working with participants spend many hours with those participants being served by their agencies endeavoring to find the resources necessary to craft a community plan ensuring a safe, successful transition to the community. Participants may decide that they do not want to transition to the community because they prefer the nursing home living environment, they may become gravely ill or suffer an injury from a fall that will extend their stay in the facility, or they may be medically denied for health reasons by one of the OHCA physicians who work with the Care Management nurses. All of these, and other unforeseen reasons, lead to failed transitions.

The transition coordination agencies are able to recoup part of the money they have spent in working with the participants through the submission of an Alternative Funds Request Based on CMS policy guidance dated 10/1/2011, they may invoice the Living Choice Demonstration for the last **180 consecutive days** that they have worked with the participant. Living Choice Demonstration policy requires submission of the case notes showing the billable units being claimed on the Alternative Funds Request. Upon receipt the Alternative Funds Request is verified for both the requested dollars and the number of units not to exceed the 180 days consecutive limitation. Once all the conditions are met, an invoice for the submitting transition coordination agency showing all of the participants for whom funds are being requested is generated. This invoice is faxed to the transition coordination agency for their review and approval. Once signed, email to the OHCA's Finance Division for their review, approval, and processing for payment at **Contracts@okhca.org**.

It should also be noted that small incidental expenses incurred by the transition coordination agencies such as the cost of a birth certificate, state identification card, housing application fees, etc. will be given consideration for payment through this method if they have occurred within the last 180 days consecutive period being paid. No other expenses such as rental deposits or similar will be reimbursed. (*See Alternative Funds Form*)

LIVING CHOICE

- 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

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

Bed and bath:

- 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
- 16-pack paper towels
- Package of kitchen towels

Kitchenware:

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

ALTERNATIVE FUNDS

- Payments made to providers for time spent working with a member, but for various reasons the member was unable to transition into the community
- A member has six months to transition into the community. If s/he is unable to transition, the provider closes out the case and submit Alt. funds
- Rate of Payment:
 - \$15.41 (Standard)
 - \$22.06 (Very rural)
- Submit invoices to contracts@okhca.org

INVOICE

Company: _____
 Address: _____
 Phone: _____

Date: _____ Invoice # _____
 PURCHASE ORDER #: _____
 Service: Alternative Funds

TO: Living Choice Program
 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105
 Tel. 1-888-287-2443 Fax-405-530-7265

Dates of Service From	Dates of Service To	Service Description	# Units Billed	Rate Standard \$15.41 Very Rural \$22.06	Participant Total
Total					

Provider Agency Approval: _____

Date: _____

Total Amount Billed on this Invoice: \$ _____

Director Approval: _____

All invoices should be emailed to Contracts@okhca.org.
 Must include your Purchase Order # on the invoice.
 Please do not include any member information.
 This is the only form needed for payment.

QUESTIONS



Living Choice Program

Oklahoma Health Care Authority

4345 N. Lincoln Blvd

OKC, OK 73105

888-287-2443

<http://www.okhca.org/livingchoice>

Email: info@oklivingchoice.org