

**Voluntary ICF-IID Conversion to IO Waivers
Funded by the Ohio Department of Developmental Disabilities**

A provider who is interested in learning more about the voluntary conversion program being offered by the Ohio Department of Developmental Disabilities (DODD) should contact Debbie Jenkins at Deborah.Jenkins@dodd.ohio.gov or 614-387-0578. Debbie and a core team of DODD staff are willing to meet with interested providers to answer any questions providers might have during their consideration of participating in the voluntary conversion program.

Prior to making a final decision to participate in this program, private providers should contact their local county board to inform them of their interest in the program. The provider and county board will need to work together to create preliminary ODDPs for individuals who are interested in receiving home and community based waiver services.

Once a provider makes the decision to participate in the voluntary conversion process:

The ICF-IID operator provides 90-day written notice of intent to convert ICF-IID beds to waiver to the Directors of Health and DODD (see contact information below). The notice shall contain how many beds will be converted, how many will remain ICF, a statement that the provider has analyzed the financial impact of the proposal and the quality of care of the remaining individuals will not be adversely impacted, ODDP scores/expected funding ranges of transitioning individual(s), AAI levels for day programming, as well as intended timeframes for conversion.

Notices shall be sent to:

- Theodore E. Wymyslo, M.D., Director, Ohio Dept. of Health, 246 N. High St., Columbus 43215
- John Martin, Director, DODD, 30 E. Broad St., Columbus OH 43215.

Per ORC Sec 5111.874(B) (6), the Director of Developmental Disabilities shall approve conversions of ICF-IID beds to home and community based services.

If the Director of DODD does not approve the proposed conversion, the decision is final and the process ends.

Upon approval for ICF Conversion to IO Waiver:

DODD will send a letter to the ICF-IID provider, the Director of the Ohio Dept. of Health and the local county board informing them that the request to convert ICF-IID beds to waiver has been approved.

- 1) Upon approval of the conversion plan, the provider shall give all residents of the facility at least 30 days' notice of the intent to convert some/all beds to waiver. Each resident shall be informed they may do either of the following: 1) individual may continue to receive ICF-IID services from any willing provider, or 2) individual may seek HCBS instead of ICF-IID services from any willing provider if eligible and a slot is available. Documentation of notification shall remain available for review by OPSR upon request.

- 2) The Office of Provider Standards and Review completes the Development Application in coordination with the ICF operator and information contained in the 90-day notice.
 - a. If operator determines that they want to license the setting in which the new waiver slots will be located, OPSR works with the provider to complete the facility licensing process (approximately 60 day process) which includes:
 - i. Notification of local authorities per statute
 - ii. Completion of required inspection
 1. Building
 2. Water
 3. Sewer
 4. Fire
 - iii. Feasibility Review
 - b. OPSR obtains required signatures for Development application/process.
 - c. ***If a full conversion***, Provider/Operator will work with the Ohio Department of Medicaid (ODM) to follow closure process. OPSR issues closure letter which notifies ODH and ODM of facility closure and relinquishment of ICF-IID beds. ODH terminates ICF certification and notifies ODM to terminate the Medicaid Provider Agreement. Operator complies with statutory requirements regarding voluntary termination (5111.65 to 5111.689) and OAC 5123:2-3-05.
 - d. ***If a partial conversion***, OPSR issues development change letter which notifies ODH and ODM of a decrease in the facility capacity and the relinquishment of a determined number of ICF-IID beds. ODH reduces the ICF's certified capacity and notifies ODM to amend Medicaid Provider Agreement to reflect reduced capacity. DODD issues new license with reduced capacity. Operator complies with OAC 5123:2-3-05.
- 3) DODD will pay for the waiver services for the transitioning individual. Additional funding may be available to support the conversion of ICF beds, but each case will be reviewed separately based on the specific circumstances of the providers, county boards and individuals involved, as well as availability of additional funds.
- 4) DODD commits to a continuing allocation to the county board should/when the individual dis-enroll from the waiver. The continuing amount will be determined by a review of the previous 12 months of state funded waiver payments for the individual. Subject to review and with the discretion of DODD, the continuing allocation amount may be pro-rated if the transitioned individual has not been served on the waiver for at least 12 consecutive months prior to dis-enrollment. This amount will be permanently added to the county board allocation to maintain residential capacity of the county. The county board will be responsible for notifying Debbie Jenkins (Deborah.Jenkins@dodd.ohio.gov) in the Division of Medicaid Development and Administration, with-in 90 days, when an individual dis-enrolls.

- 5) Once the County Board (CB) is notified of the provider's intent to participate in the voluntary conversion program, the CB will assign a Service and Support Administrator (SSA) to the individual considering conversion. After approval of the conversion plan is received, the Provider and CB together finalize the ODDP and develop an Individual Service Plan (ISP). The CB must also be comfortable that they can ensure health and safety. The process should include a discharge plan that specifies the individuals' choice of HCBS provider and anticipated move date.
- 6) When the CB is ready to begin the process of enrolling the individual on the waiver, they should notify Debbie Jenkins (Deborah.Jenkins@dodd.ohio.gov). This notification should include the individual's name and anticipated date of enrollment.
- 7) A letter will be forwarded via e-mail to the CB Superintendent and/or SSA Director from the Division of Medicaid Developmental and Administration acknowledging the utilization of ICF conversion to fund the requested waiver, with a cc to the Provider/Operator.
- 8) Upon receipt of the approval letter from the Division of Medicaid Developmental and Administration, the CB places the individual(s) on the IO Waiting List and selects XICF Priority Code only. Then the CB places the individual on the Preliminary Implementation Component Tool (PICT). Based on the Waiting List Record the enrollment reason will auto populate with XICF. Once the PICT is completed, the CB shall e-mail Waivercapacity-support@list.dodd.ohio.gov to inform the Department the PICT record is submitted. (There is no separate/additional waiver subtype for this process). The match source code will be XICF. ICF Conversion waivers count toward a county board's IO Waiver floor. The Department will review the PICT and notify the county board of the approval via email. Once the CB receives this email, they may begin the normal waiver enrollment process. If the individual is eligible for the \$0.52 per unit ICF Add-on, this is to be entered into the MSS Site by selecting "ICF Add-on" from the dropdown list and indicating the Start Date and End Date under the Add-On link which is found within the Manage Individuals link. This will allow cost projections to properly include the value of the ICF Add-on. Once enrolled, the County Board submits the PAWS plan for the individual using XICF as the Match Source. Please note, if the individual is to receive HPC services in 15-minute units, the "ICF Add On" box in PAWS must be checked in order for the provider to be reimbursed properly. The CB will communicate any anticipated delays in the enrollment process to the Provider/Operator.

General Items To keep In Mind

The Department strongly suggests utilization of Home Choice option for start-up costs. The website: <http://jfs.ohio.gov/OHP/Consumers/HomeChoice.stm> can provide additional information. If the individual qualifies, there is \$2,000 available for one-time start-up costs and community transition funding of \$5,000 for the SSA's transition coordination. An additional \$500 is also available for pre-transition transportation.

There is a \$0.52 per unit rate incentive for waiver providers who serve individuals moving to a waiver as a result of this conversion initiative. This rate incentive is available for a one year period from the time of conversion.

ICF-IID providers who participate in this voluntary conversion process will be eligible for a semi-annual reassessment of their franchise fees based on bed reductions resulting from conversion efforts.

Beginning July 1, 2013, if the voluntary conversion results in a reduction in the ICF's capacity of 10% or 5 beds, whichever is less, the ICF would be eligible to request a rate reconsideration for the remaining beds in the facility utilizing cost data for the 3 month period following conversion.

Waiting Lists

Please note that the waiting list statute does not apply in these circumstances due to the fact that these are all state match supported. Once an individual dis-enrolls and the CB receives the allocation, the waiting list statute will apply in regard to the provision of future services.

Capital

We anticipate having capital funds available to assist in housing needs. Funds are available on a situation-specific first come, first-served basis. The DODD rule and policies relating to capital assistance for housing apply to these funds. However, because we need to track these dollars, we ask that you send your request for capital housing dollars related to the ICF Conversion to Waiver to Aaron Lichtenauer, Aaron.Lichtenauer@dodd.ohio.gov. As soon as the need for capital has been identified, the request should specify the following:

- Name of the ICF-IID provider and number of ICF beds to be surrendered
- Name(s) of individual(s) moving from ICF to waiver
- The address and owner of the home where they will be moving
- A detailed proposal of the capital work needed and estimated costs

ICF-IID Conversion Team

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