

Unified Long Term Care System (ULTCS) Workgroup

Revised Minutes

October 15, 2009

MEMBERS PRESENT

Brian Allen, UCHINC /Skilled Nursing Care Coalition
Kathleen Anderson, Ohio Council for Home Care & Hospice
Angie Bergefjord, Ohio Department of Mental Health
Cynthia Burnell, Ohio Health Care Coverage & Quality Council
Mary Butler, Ohio Olmstead Task Force
Mark Davis, Ohio Provider Resources Association
Douglas Day, Ohio Dept. of Alcohol/ Drug Addiction Services
Toni Bigsby for Janet Grant, Care Source
Betsy Johnson, NAMI Ohio
Beverly Laubert, State of Ohio Ombudsman
Rep. Peggy Lehner, Ohio House of Representatives
Becky Maust, Ohio Department of Health
Steve Mombach, TriHealth Senior Link
Emily Barker for Debbie Newcomb, Ohio House of Representatives
Steve Peishel, Office of Budget and Management
Maureen Corcoran for Tracy Plouck, ODJFS/Ohio Health Plans
Joe Ruby, AAA 10B/Ohio Assn. of Area Agencies on Aging
Bill Sundermeyer, AARP Ohio
Cristal Thomas, Executive Medicaid Management Administration
Kim Henry & Gary Wade for Jean Thompson, Ohio Assisted Living Association
Addie Whaley, Ohio Association of Adult Care Facilities
Becky Williams, Service Employees International Union/1199
Hubert Wirtz, Ohio Council of BH and Family Service Providers
Kelly Carey for Sen. Shannon Jones, Ohio Senate

ODA STAFF PRESENT

Roland Hornbostel
Mary Inbody

HANDOUTS

10/15/09 Agenda
ULTCS Members Roster
8/20/09 ULTCS Minutes
Revised Mission/Vision/Outcomes
ULTCS Implementation PowerPoint
EMMA PowerPoint
ECL Overview
Ohio's HHS Lattice PowerPoint

Welcome and Opening Remarks

Roland Hornbostel opened the meeting at 1:10 pm on behalf of Director Riley, and introductions were made. Bill Sundermeyer moved that the minutes from the August 20th meeting be approved; Mary Butler seconded the motion which passed without dissent.

Follow-up on Action Items from Previous Meeting

- New Olmstead Plan – EMMA is taking the lead in facilitating the development of a new plan. Preliminary information is due from Departments on October 23rd. Cristal Thomas mentioned that the stakeholder process is still being determined, but there will be one.
- Consensus has been reached on the Mission/Vision/Outcomes document with the addition of “and community-based” into the Mission.
- As requested, there will be a regular ULTCS Implementation Update at every meeting that will parallel the Outcomes/Guiding Principles.

ULTCS Implementation Update

Roland Hornbostel presented a PowerPoint describing work occurring under the ULTCS umbrella. Key points/details include:

- Erika Robbins is leading a group of interagency stakeholders in the development of a state profile tool to help benchmark our progress.
- Home First is the only avenue to enroll in RSS for the duration of the biennium.
- Enrollment in Medicaid Buy-In for Ohio workers with disabilities is over 3200 per Mary Butler.

- HB 1 intervention models are under development to focus on nursing facility residents of all ages that would be good candidates for home- and community-based settings.
- EMMA's coordinated financing workgroup brings together tracking and reporting mechanisms information to the EMMA Council for decisions about movement of money.
- ODJFS has petitioned to increase the AL waiver cap to 3000 this year to remove artificial limits.
- Enhanced Community Living (described later in the minutes) is a new service being added to the PASSPORT waiver to link housing with supportive community services.
- More than 600 resident satisfaction surveys in nursing facilities and residential care settings have been scheduled according the Bev Laubert, Results will be posted on the LTC website.
- Ohio was just awarded an aging and disabilities resource center grant to increase consumer access to home- and community-based services through regional collaboration.

Comments:

- *Hugh Wirtz commented on constraints to the behavioral health system with severe loss both in workforce and clinical (bed and housing) capacity. To this statement Mary Butler added that all fields are experiencing constraints related to accessible and affordable housing.*
- *In response to Bill Sundermeyer's question on access to long-term care consultation services, he was reminded that any Ohioan can get a free session through an Area Agency on Aging.*
- *Hugh Wirtz asked for more details at upcoming meetings about other agencies' initiatives and how they fit into the ULTCS Workgroup efforts, e.g., Health Care Quality Council whose efforts cross ULTCS phases 1, 2 and 3.*

EMMA Presentation on Senate Baucus Health Care Bill – HCBS Amendments

Cristal Thomas qualified her presentation/update on federal health care bills, stating that she limited her comments to provisions included in the mark that are more specifically related to home- and community based services. Specific points related to her PowerPoint included:

- Money Follows the Person demonstration funding is proposed to be extended by five years through 2016 while reducing length of stay in a medical institution from six months to three.
- Senator Baucus and White House staff met on October 14th to begin merging concepts of the two Senate bills, and an amendment is expected to be offered through Senator Cantwell related to Project 2020 (which, relates to ULTCS Phase 4: non-Medicaid eligible services).
- Most Senate provisions are reflective of similar provisions on the House side.
- By mid-November a conference committee is expected to be convened to merge the House and Senate versions of the health care bill, with an aim to get a final bill passed and to the President by the end of this year.

Action Item:

In response to Bill Sundermeyer's question about structural changes in the Senate mark and whether those were related to Cantwell's rebalancing of the home- and community-based services with nursing facility services, Grace Moran promised to check and respond to the entire group.

Enhanced Community Living (ECL) Service

Hope Roberts provided background on enhanced community living (ECL) as a new rebalancing tool identified in HB 1 to help "build the middle" between nursing home placement and PASSPORT services. The aim is for more flexible service delivery in expanded home- and community-based settings for those without resources, but not custodial care or 24/7 access. She acknowledged pockets of partnerships and initiatives around the state over the past several decades, but without any statewide effort.

ODA plans to add ECL as a new PASSPORT waiver service within multi-family, subsidized housing to help consumers “age in place.” Groundwork involved examining other states’ efforts, hosting a focus group, and gathering statistical information. This information was used to help determine how ECL would vary from other services already available. The statistics gathered were used to help define the proposed new service description. ECL core services were defined as personal care, care coordination and health status monitoring. A target consumer base for this service would be the 5,000 current PASSPORT clients where an Enhanced Community Living service with progressively increasing services and supports would help them to continue to meet their needs in the community. Caution is being taken to ensure we are not duplicating an existing service in the development of ECL.

ODA’s intent is to complete the service description and waiver language by November, to submit the CMS request by February and have the PASSPORT waiver amended to include ECL by July 2010. No decisions have been made yet on provider qualifications or ECL service unit rates.

Comments:

- *In response to a question from Representative Lehner about other states offering similar services, she was told that seven states have setting-specific waiver services: Illinois, New Jersey, Connecticut, New Hampshire, Minnesota, Indiana and Kentucky.*
- *In response to a comment by Steve Mombach that PACE offers everything described under ECL, though only in two areas of the state, he was reminded that PACE is not a waiver service, but a state plan service.*
- *In response to a question from Beverley Laubert about consumer choice in selecting a provider and transitioning consumers from a different provider, Hope stated that choice related to the waiver freedom of choice and transitioning falls under clinical practice standards, similar to other ODA services.*
- *Kim Henry expressed concerns that ECL services lack any distinguishing characteristics from assisted living services provided by RCFs, which may jeopardize RCFs. Hope’s response was that this service doesn’t go that far in not requiring the 24/7 services with more focus on flexibility of services to accommodate individual needs.*
- *Mary Butler lauded ECL for its concepts of choice and person-centered services as an additional step before having to give up “home,” which led to a discussion of definition of home in the context of ECL as an apartment within a clustered setting. Hope urged everyone not to get caught up in language describing the service or setting that may artificially constrain accessibility and cited the term coined by Steve Gallant from the University of Florida, “affordable clustered housing/care” in attempt to describe the setting envisioned.*
- *Mary Butler recommended using the term “services (and supports)” in place of “care” which connotes a dependent relationship. She also offered as a resource a group that has been meeting for three years on consumer driven components led by Susan Fredman of ODJFS. She also referenced existing “service provider co-ops” in Toledo and Dayton under the DDD council grant as examples of similar services.*
- *In response to a question from Gary Wade about whether ECL would eliminate the need to continue the Assisted Living waiver (requiring an ODH license where ECL would not), he was reminded that the AL waiver meets the needs of those without other options (e.g., cognitive impairment), which is a different provide from those proposed to use the ECL services.*
- *In response to a question about number of service hours, Hope stated that this concern would be addressed in rules.*
- *In response to her questions, Kathleen Anderson was assured that there was still time for stakeholder input and that there were no restrictions to receiving this service and hospice, as long as ECL is provided first.*

Hope asked that additional questions and/or insights regarding the proposed ECL service package be forwarded to her.

Ohio's Health and Human Service Lattice

Tiffany Dixon described her vision of "utopia" as access to meet her and her family's long-term health and human services workforce needs for intergenerational services that evolve to meet her family's changing requirements. She reminded the group that workforce issues are often hidden within other concepts. For instance, attention to workforce is needed for implementation of ULTCS. Tiffany talked about the need for a more flexible approach to workforce training beginning with the development of core competencies across sectors with acknowledgment of variations through stackable specialization "certificates."

Comments:

- *Kathleen Anderson encouraged inclusion of workforce for pediatric and/or medically challenged children, as well as consideration of the ever-present wage issue.*
- *Mark Davis offered to share results of OPRA's recent salary survey that is indicating such alarming statistics as more than 50 percent turnover, giving credence for supporting the lattice concept. He urged the group to remember that training is only one component of a quality and sustainable workforce, along with adequate wages and benefits.*

Tiffany welcomed other questions/ideas and offered to respond by email about greater details of various concepts than provided by the PowerPoint presentation.

New Business:

Bill Sundermeyer reminded the workgroup that with bi-monthly meetings, there are only three meetings scheduled until the next formal report is due to the General Assembly and only five meetings scheduled until it is time to develop the 2012-13 biennial budget with much to do between now and then. Added to those concerns are pending budget issues, coupled with looming health care reform. He suggested rethinking the bi-monthly meetings, proposed subcommittees to help move the ULTCS work (and agenda) forward.

It was suggested that an ad hoc subcommittee be formed to discuss process issues: meeting frequency and ULTCS decision making for issues arising between regularly scheduled meetings, with consideration to public sunshine laws.

Action Item:

Roland agreed to convene the ad hoc subcommittee to include volunteer members: Bill Sundermeyer, Mark Davis, Beverley Laubert and Joe Ruby.

The group will hold a November meeting and tentatively selected November 19th, 1 – 4 pm at the State Library. ODA will send out notification.

Final Remarks:

Roland acknowledged new legislative appointments to the ULTCS Workgroup: Senator Capri Cafaro, Senator Shannon Jones, Representative Peggy Lehner and Representative Debbie Newcomb. He also announced and distributed new gubernatorial appointment documents to: Beverley Laubert (State of Ohio Ombudsman), Addie Whaley (Ohio Adult Care Facilities), Mark Davis (OPRA), and Becky Williams (SEIU/1199).

Roland asked members to provide any necessary updates to their contact information in the member roster directly to Mary Inbody.

Current Upcoming Meeting Schedule:

2009

November 19
December 17

2010

February 18
April 15
June 17
August 19
October 21
December 16

2011

February 17
April 21
June 16

Proposed agenda items/updates:

ULTCS Implementation (“the big picture”)
New Olmstead Plan
State Profile Tool (ODJFS)
HB 1 Intervention Models/Strategies
Other state agencies’ initiatives (Futures, CON, Health Care Quality Council, etc.)
Moving the ULTCS work forward (e.g., consideration of ULTCS subcommittees)
New Business

Adjournment

Meeting adjourned at 4:20 pm.