

ULTCB Recommendation Summary

| Recommendation # | Subcommittee (s) | Recommendations | Status | | | | Comments | Balanced System | Consumer Choice | Consolidation of policy making authority & associated budgets | Consistency in rate setting process | Seamless array of service delivery | Lead to a higher quality of life for consumer | Encourage Ohioans to plan ahead for future services & are prepared to make informed decisions | Cost effective system that links disparate services across agencies | Transparent Budget | Accurate expenditure forecasts for long-term services and supports | Other | Phase | | | | Short-term | Intermediate-term | Long-term | Responsible |
|------------------|------------------|--|-------------|-------------|---|--------------------------------|-------------------|-----------------|-----------------|---|-------------------------------------|------------------------------------|---|---|---|--------------------|--|-------|-------|---|---|---|------------|-------------------|-----------|--------------|
| | | | Implemented | In Progress | Not Started -- still planned for implementation | Not planned for implementation | | | | | | | | | | | | | 1 | 2 | 3 | 4 | | | | |
| 1 | | All Ohioans in need of long-term services and supports regardless of age, disability, or funding source for services. | | | | | x | | | | | x | | | | | | x | | | | x | | | | |
| 2 | | The scope of work should be divided into four phases: a. Phase 1 Nursing Facility and HCBS services predicated on Medicaid NF eligibility; b. Phase 2 Medicaid state plan services; c. Phase 3 MRDD services; and d. Phase 4 Non-Medicaid funded long-term services and supports | | | | | x | | x | | | | | | | | | x | x | x | x | | | | | State |
| 3 | | Long-term care” encompasses all non-medical and some specific medical services that the consumer receives. | | | | | | | | | | | | | | | | | | | | | | | | Admin |
| 4 | Admin | The creation of a unified budget be accomplished in three stages: over the current biennium and each of the next two biennia. | | x | | | x | x | | | | | | | x | | | x | x | x | | | x | | | State |
| 5 | Admin | In SFY 2010/2011 funding be appropriated directly to new long-term care lines rather than individual programs. | x | | | | In Aging's budget | x | x | | | | | | x | | | x | x | x | | | x | | | State |
| 6 | Admin | In SFY 2012/2013 a single funding line for long-term services and supports is created in the ODJFS budget. | | | x | | | x | x | | | | | | x | | | x | x | x | | | | x | | State |
| 7 | Admin | Create three different levels of reporting to support a unified budget: Performance, Decision-making, and Management reports. | x | | | | | | x | | | | | | x | | | x | x | x | | | x | | | State |
| 8 | | Quarterly update reports be provided to the Governor and members of the General Assembly | | | x | | | | | | | | | | | | x | x | x | x | x | x | | | | Admin/ State |
| 9 | Admin | A consistently applied, systematic, and transparent process to develop sound provider rates should be established. | | x | | | | | x | x | | | | | | | | x | x | x | | | x | | | State |
| 10 | Admin | All revenue savings achieved through the implementation of the unified budget be used to more expeditiously implement other recommendations contained in this final report. | | | | x | | | | | | | | | | | x | | | | | | | | | State |
| 11 | Admin | OBM should create a special analysis on long-term care to be delivered to the General Assembly as part of the Executive Budget submission for the next biennium. | x | | | | | | | | | | | | x | | x | | | | | | x | | | State |
| 12 | Admin | Ohio should use the State Profile Tool (SPT) to measure the performance of the state in balancing its long-term supports system. | | x | | | | | | | | | | | x | | | x | x | x | x | x | | | | State |
| 13 | Admin | The work of the Unified Long-Term Care Budget workgroup should be continued in future years and convened by the Director of ODA. | x | | | | | | | | | | | | x | | x | x | x | x | x | | | | | State |

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| 1 | | All Ohioans in need of long-term services and supports regardless of age, disability, or funding source for services. | | | | | | x | | | | | x | | | | | | x | | | | x | | | |
| 23 | FD Structure/ Unmet needs | Consumers should have access to an "informed navigator." | | | | x | | | x | | | x | | | | | | | x | x | x | x | | x | | State |
| 24 | | ODJFS should have lead responsibility for the "Back Room;" | | | x | | | | | x | x | | | | | | | x | x | x | x | x | | x | | Admin |
| 25 | FD Structure | Technology should be utilized to create a common, secure, accessible electronic infrastructure to expand information sharing about consumers. This infrastructure should be seamless to consumers and providers. | | | | x | | | | | | x | | | | | | | x | x | x | x | | | x | State |
| 26 | FD Structure | The Internet-based system should integrate existing tools and systems that are successful in linking consumers to service delivery options; | | | | x | | | x | | | x | | x | | | | | x | x | x | x | x | | | Admin |
| 27 | | The Internet based system should be designed so that it can be utilized by the consumer, the consumer's representative, or consumer's advocate in the setting most convenient for the individual; | | | | x | | | | | | x | | x | | | | x | x | x | x | x | | | x | Admin |
| 28 | FD Structure | A "worksheet" function should be incorporated to assist consumers in the financial eligibility determination process; | | | | x | | | | x | | | | | | | | x | x | x | x | | x | | | Admin |
| 29 | FD Eligibility | An online application for benefits should be created; | | x | | | Thru Benefit Bank | x | x | | | x | | | | | | x | x | x | x | | | x | | Admin |
| 30 | FD Structure | Reporting functions should be built in to the system that can be integrated with the recommended decision making and management reporting systems; | | | | x | | x | | | | | | | | | | x | x | x | x | x | | | x | Admin |
| 31 | FD Structure | A standardized screening and intake process should be implemented at all entry points into the delivery system for long term services and supports; | | | | x | | | | | | | | | x | | | | x | x | x | | x | | | Admin |
| 32 | FD Structure | The screening and intake process should include "tickler" functionality | | | | x | | x | x | | | x | | | | | | x | x | x | x | x | | x | | Admin |
| 33 | | The Department of Aging and Department of Job and Family Services should co-lead the team to develop the training and materials for use by all front door partners. | | | | x | | | | | | x | | | x | | | | x | x | x | x | | x | | Admin |

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| 1 | | All Ohioans in need of long-term services and supports regardless of age, disability, or funding source for services. | | | | | | x | | | | | x | | | | | | x | | | | x | | | |
| 97 | Quality | Implement and coordinate quality assurance mechanisms across all systems for the purpose of minimizing unnecessary risks, providing quality services, monitoring consumer outcomes (and reporting negative outcomes) and assuring the consumer's health and welfare. | | x | | | | | | x | | | x | | | | | x | x | x | x | x | | x | | Admin |
| 98 | direction | Examine the various types of FMS entities used in the delivery of consumer-directed care to determine the model that is best suited to accommodate the needs of Ohio's long term care service and support system and ascertain the feasibility of allowing an FMS to execute Medicaid provider agreements to facilitate consumer direction. | | | | x | | | x | x | | | | | | | | x | x | | x | | | x | | State |
| 99 | direction | Study and determine the various types of employer status available to the consumer (i.e., employer of record, including an exploration of the legal implications of consumer direction (i.e., employer status, taxation, and unionization of independent, non-agency providers, etc.). | | | x | | | | x | x | | | | | | | | | x | | x | | | x | | Admin |
| 100 | direction | Recommend to EMMA whether the concept of employer status should be uniformly applied across all long term care systems. | | | x | | | | | | | x | | | | | | x | x | | x | | | x | | Admin |
| 101 | direction | Recommend to EMMA the feasibility of utilizing organized health care delivery systems (OHCDS) . | | | | x | | | | | | | | x | | | | x | x | | x | | | | x | State/ Fed |
| 102 | direction | Use Limited Medicaid Provider Agreements as a way to execute the purchase of goods and services (e.g., one-time agreements to purchase goods at retail establishments, etc.). | | | | x | | | | x | | | | | | | | x | x | x | x | | | x | | State |
| 103 | | Establish consumer protections that assure that providers cannot change timesheets after the consumer and/or authorized representative has signed them and before they are submitted for reimbursement. | | | | x | | | | | | | x | | | x | | | x | | | | | x | | State |
| 104 | direction | Establish safeguards against consumer/provider fraud | | x | | | | | | | | | x | | | | | | x | x | x | x | | x | | State |
| 105 | | Assure uniform due process for consumers and providers alike | | x | | | | | | | | | x | | | | | x | x | | | | | x | | State |
| 106 | Quality | The state should not add new levels of measurement where they currently exist and should be mindful of the cost and usefulness of data collected so as to not increase provider burden. | | | | x | | | | x | | | | | | | | x | x | x | x | x | | x | | State |

