

“Balancing:” How do we define it and how is it measured?

In most reports (AARP, Medstat, Ohio Council for Home Care – Fleeter, Scripps Gerontology Center, etc.) Ohio’s current system of long-term services and supports (LTSS) indicates an over-reliance on facility-based care and from that standpoint is “unbalanced.”

The question is what measure or measures should be utilized as indicia of creating a more balanced LTSS system? While ultimately the OBM-led “forecasting” group under EMMA will lead in doing the actual measurement, this subcommittee’s input is sought to assist the forecasting group in defining these measures.

In response to the advocacy of people with disabilities of all ages and their families, many states are balancing their long-term services and supports systems to assure choice, reduce institutionalization and increase opportunities for people to live in the community. As part of the balancing effort, some states - with the encouragement of the Centers for Medicare & Medicaid Services - are developing a profile of their long-term services and supports system. Ohio is building a profile in response to a recommendation through the Unified Long Term Care Budget Workgroup and through the Money Follows the Person Demonstration Project.

A state long-term services and supports profile can provide policymakers and stakeholders with a high-level view of the long-term services and supports system, identify opportunities for improved coordination among programs and other health and social services, acknowledge successes, and identify service gaps.

Ohio’s profile will be web-based and will include the following:

1. An executive summary of Ohio’s current system and an overview of performance indicators with a progress rating form;
2. Background information on Ohio’s system;
3. Current and future challenges faced by the system in Ohio, how Ohio has responded to challenges, and Ohio’s vision for the future;
4. How Ohio will monitor progress to include development and tracking of the indicators;
5. Each indicator and presentation of data within the eight key system components of balance; and
6. Summary chart of indicators and policy initiatives.

Indicators will roll out in three phases based on data source availability as follows:

i. Phase 1 Indicators (baseline established and populated to the webpage in 2010)

- Indicator #1: Ratio of Medicaid Expenditures on institutional care vs. home and community-based care;
- Indicator #2: Ratio of the number of individuals served in Medicaid funded institutional settings vs. individuals served in home and community based settings;
- Indicator #3: Per member per month Medicaid expenditures (both acute and long-term);
- Indicator #4: Percentage of occupancy of all long term care beds;
- Indicator #5: Accessible and Affordable Housing;
- Indicator #6: Ohioans with Disabilities in the Workforce;
- Indicator #7: Improving Services and Supports for Ohio’s Children; and
- Indicator #8: ODA, ODODD, and ODJFS Waiting List Count.

ii. Phase 2 Indicators (baseline established and populated to the webpage in 2011 if determined appropriate following additional interagency work)

- Indicator #9: Planning for the Future;
- Indicator #10: Rate of Underinsured and Uninsured Ohioans;
- Indicator #11: The proportion of participants with opportunity to self direct by program;
- Indicator #12: Satisfaction with services and supports;
- Indicator #13: Health Care Workforce; and
- Indicator #14: Specialized Coordination: TBI, Autism, Co-Occurring DD/MI and MI/Drug and Alcohol Use.

iii. Phase 3 (Phase 3 indicators are expansions to the Phase 1 and 2 indicators and/or additions based on state profile results) This phase could include:

- Expand Indicators #1, #2 and #3 to include all public funding sources;
- Expand Indicator #1 to include characteristics of Ohioans residing in pre-determined settings;
- Expand Indicator #7 to include “high-fidelity” metrics for children between birth and 21; and
- Expand Indicator #10 to include other funding sources – of particular interest might be use of private insurance trends.

While the State Profile Tool indicators are designed to be comprehensive in nature, questions remain about how best to use the indicators. We are seeking input from subcommittee members on the following key questions.

Most datasets have been developed using separate indicators for those aging or with physical disabilities and those with developmental disabilities. For example, the AARP report states

...in 2006, services in nursing homes or ICF/MR accounted for 63% (of spending). However the proportion varied significantly by population. Seventy-five percent of Medicaid LTC spending for older people and adults with physical disabilities paid for institutional services, compared to only 9% for people with MR/DD.” (p. 2)

Should Ohio create a blended measure of balance or should there be separate measures for different populations?

How should Ohio benchmark its progress? Against all other states? Against the 12 states using a common approach (i.e., the State Profile Tool)? Over time (comparing Ohio against itself)?

If we benchmark against other states, how important is Ohio’s “ranking?” Benchmarking is often reported in this fashion by the media, but often the discussion is reduced to “does Ohio rank 47th, 44th, or 28th” without regard to measure sensitivity or data source

Should Ohio develop a progress “goal” and if so is the goal a proportional measure or should it be relative to other states (i.e., one goal would be to move Ohio to or toward the national average)?

Another important way to look at “balance” is by comparing supply of services and consumer demand. As we move toward a system that relies more on home and community-based services, will we have a sufficient supply of HCBS services?