

ULTCS Workgroup
Integration and Care Management Subcommittee
May 5, 2010

MEMBERS PRESENT:

Anita Allen, OPRA, Ginnie Whisman, DODD, Sande Johnson, ODA, Nilu Ekanayake, ODADAS, Sara Abbott, JFS/OHP, Subcommittee Co-leader, Beth Foster, OCHC Christine Kozobarich, SEIU 1199, Joe Ruby, AAA 10B, Marc Molea, ODA, Subcommittee Co-Leader, Hilary Stai, LTC Ombudsman, Afet Kilinc, ODMH, Pam Scuellerman, Alzheimer's Association

DISCUSSION:

The subcommittee began by reviewing the issues and themes for recommendations from the April 7, 2010 meeting. The sub-committee also discussed the question....What is integrated care? The answer differed depending on the systems involved (e.g., MH, DD) and the funding sources (e.g., Medicaid waivers, Medicare State Plan, Medicare) that pay for the services.

The sub-committee decided to focus today's discussion on how better to integrate care for consumers needing LTCSS. Joe Ruby from AAA 10A talked about integration strategies that they have employed in their region. Strategies include:

- Placing PASSPORT CM/assessors in local hospitals that coordinate with discharge planning. This has resulted in fewer NH admissions and increased length of stay on PASSPORT.
- Maximizing third party benefits.
- Developing interdisciplinary care teams and one care plan with integration of both acute and LTC.
- Utilizing specialized high risk case management tailored to at-risk consumers. Risk has been statistically calculated and includes certain diagnoses, ADLs, etc. which are related to likelihood of permanent institutionalization.

Below is a link to a recent PowerPoint presentation which highlights the AAA 10B/SUMMA Health/Akron Area integration activities:

http://www.services4aging.org/pdfs/Integrating_Medical_and_Long_Term_Care.pdf

Joe noted that the key to their success has been relationship building and recruiting willing partners. He noted that the other PASSPORT Administrative Agencies have the infrastructure and skill sets to do this in their regions if they establish the local partnerships.

NEXT STEPS:

A smaller group will meet prior to our next sub-committee meeting on June 3, 2010 and develop a more defined set of recommendation based on the models being implemented in the Akron area. These recommendations will be review by the full committee. At that next meeting we will determine others areas (e.g., SNPs, MH, DD) that we want to develop recommendations for and assign small groups to go off and develop them.

Another resource that might be helpful to the sub-committee members is a presentation of integration efforts in Minnesota:

<http://www.allhealth.org/SCANforum/Mar9Docs/MinnesotaAlignedIncentivesParker209.ppt>