

## Developing a Profile of Ohio's System of Long-Term Services and Supports

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 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..

According to the December 2006 "Technical Assistance Guide to assessing a State Long Term Care System" (Thomson Medstat under contract #500-00-0021 with the U.S. Department of Health and Human Services), each state's long-term services and supports system is shaped by factors that are unique to that state, including: the state's demographic makeup (e.g. the percentage of the population over or under age 65), historical service utilization patterns (e.g. proportion of the Medicaid budget spent on long-term services and supports), and its political and organizational structure (e.g., on what level services are administered - county, regional, state; community funding/supports).

Ohio's profile will meet the objectives outlined in the "Technical Assistance Guide to assessing a State Long Term Care System" as noted in the box below.

A state long-term profile can:

- Provide policymakers and stakeholders with a high-level view of the long-term services and supports system, to ensure a common knowledge base;
- Identify opportunities for improved coordination – among long-term services and supports programs and with other health and social services;
- Acknowledge the success that has occurred;
- Identify service gaps; and
- Provide a framework for comparing balancing efforts across states.

ODJFS convened an Interagency Core Team in the Fall of 2008 to begin development of Ohio's profile using the feedback gathered through multiple initiatives (e.g. MFP, Unified Long Term Care Budget, TSIG, Futures) over the last two years. The Core Team includes representatives from the following State Agencies:

- Ohio Department of Job and Family Services (ODJFS)
- Ohio Department of Aging (ODA)
- Ohio Department of MR/DD (ODMR/DD)
- Ohio Department of Mental Health (ODMH)
- Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
- Ohio Department of Health (ODH)
- Ohio Department of Education (ODE)
- Ohio Department of Development (ODOD)
- Ohio Housing Finance Agency (OHFA)
- Rehabilitation Services Commission (RSC)
- Ohio Department of Insurance (ODI)
- Ohio Department of Youth Services (ODYS)
- Ohio Department of Rehabilitation and Corrections (ODRC)
- Executive Medicaid Management Authority (EMMA)

The profile is applicable to Ohioans of all ages using public services to address long term service and support needs and encompasses performance measures across the eight key system components of balancing a long term services and supports system.(see [http://www.cms.hhs.gov/NewFreedomInitiative/Downloads/TA\\_Guide.pdf](http://www.cms.hhs.gov/NewFreedomInitiative/Downloads/TA_Guide.pdf) for background on the eight key system components).

- Public services are defined as services funded through public sources such as Medicaid, other Federal/State Partnerships, State Funded only programs and programs funded through local tax levies.
- Long Term is defined as a chronic or recurring need for services or a need requiring multi-system services and supports.
- Services and Supports include prevention, screening, acute medical care, specialized medical care, housing, personal care, homemaker, equipment, home modifications, employment supports, care management, habilitative and other support services, mental health and alcohol and drug treatment and supports, to name a few.

Ohio's profile will be web-based (<http://balancing.ohio.gov/> - currently in a test phase) and will include the following:

- An executive summary of Ohio's current system and an overview of performance indicators with a progress rating form
- Background information on Ohio's system
- Current and future challenges faced by the system in Ohio, how Ohio has responded to challenges, and Ohio's vision for the future
- How Ohio will monitor progress to include development and tracking of the indicators
- Each indicator and presentation of data
- Summary chart of indicators and policy initiatives
- Indicators will roll out in three phases based on data source availability

#### **Phase 1 Indicators (baseline established and populated to the webpage in Summer/Fall 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 expenditure (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

Indicator #8: ODA, DODD, and ODJFS Waiting List Count

#### **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: HealthCare Workforce

Indicator #14: Specialized Coordination: TBI, Autism, Co-Occurring MR/MI and MI/Drug and Alcohol Use

#### **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 Indicator #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.

Expand Indicator #10 to include other funding sources – of particular interest might be use of private insurance trends.