

ULTCS Balance and Funding Subcommittee July 20, 2010 Meeting Notes

PRESENT

Co-chair Roland Hornbostel, ODA
John Alfano, AOPHA (by phone)
Bob Applebaum, Scripps (by phone)
Angie Bergefurd, ODMH
Kevin Blade, ODA
Rich Browdie, Benj. Rose Institute on Aging
Diane Dietz (for Pete Van Runkle), OHCA
Suzanne Dulaney, OACBHA
Frank Fleischer, OCAPS
Jodi Govern, ODH
Barry Jamieson, Government Resource Ctr.
Beverly Laubert, State LTC Ombudsman
Mike Luers, ODA

Lynn Lyon, ODMH
Mike Moore, ODA
Grace Moran, ODA
Chris Murray, OANH
Steve Peishel, OBM
Larke Recchie, OAAAA (by phone)
Sarah Riegel, SEIU District 1199 (by phone)
Brandi Scales, RSC (by phone)
Jane Taylor, AARP (by phone)
Jean Thompson, OALA (by phone)
Gwen Toney (for Jeff Lycan), OHPCO
Karla Warren, ODA

MATERIALS/HANDOUTS

July 9, 2010 Meeting Minutes

CONTINUED INITIAL DISCUSSION OF RECOMMENDATIONS

Roland Hornbostel opened by recapping the subcommittee's three main aims for the meeting:

- Finish initial discussion of recommendations.
- Ask for additional recommendations.
- Determine those recommendations with sufficient support for presentation to the ULTCS Stakeholder Workgroup on August 2nd.

Recommendation #8:

Chris Murray was asked to provide more details for each of his recommendations (#8-12).

- Chris explained that Recommendation #8 is directed at franchise permit fees paid by provider in an attempt to even the taxes paid with expenditures.
- In answer to whether this recommendation referenced all nursing homes or all long-term care providers, Chris stated that it should apply to anyone funded from that pot of money. Jean Thompson urged that if that were the case, each set of providers included in this recommendation should be dealt with evenly.
- Roland offered a brief tutorial on use of the franchise fees. The first dollar from the fee goes to PASSPORT, Assisted Living, Choices and PACE (approximately 9% of the fund), as well as RSS (via temporary law). A separate fund holds the portion of the franchise fee not dedicated to Aging. Following federal policy, the state opted to increase the fee to the maximum allowable. Funding is disbursed back to nursing facilities based on Medicaid occupancy.
- In response to a question about financing and where it was being handled, Roland described the efforts of the EMMA Financing/Forecasting Workgroup, and the role of the Balancing and Funding Subcommittee in offering public input to that entity, especially around balance.
- The group was reminded that it had not yet addressed other financing issues, e.g., local investment, levies.

- The group has not looked at rates across the system. Gwen Toney talked about the home care rates that had not seen an increase since 1997, and even that increase had been reversed in last year's budgeting.
- Additional data questions asked included: What is the amount of franchise fee charged each year? What is the amount of Medicaid match each year? How much GRF goes to NFs and how does that GRF compare to franchise fee?. How much of the 525 line is federal and GRF?

ACTION: Roland asked Chris Murray to work with a smaller group to include JFS and then to come back with more information, clarification and examples related to this recommendation. Diane Dietz, Gwen Toney and Lynn Lyon volunteered their organizations to work on this recommendation with Chris.

Recommendation #9:

- Discussion focused on the Oregon model of 24 service levels: ADLs, behavioral health needs, community supports, etc., along with an array of medical procedures along the same type of continuum. The state then makes the decision of how many service levels it is able to fund based on its budget (rationed care). Vermont is another example.
- Frank Fleischer would prefer an MFP model and a person count (via SPT) and he was reminded by Steve Peishel that the per person cost varies across systems.
- Beverley Laubert asked how often someone would be reassessed for potential move among service levels.

Recommendations #10 & 11:

- Jane Taylor asked the group to look at the whole picture: the amount of funding for those not quite eligible for Medicaid, based on asset levels or level of care, and ways to prevent people from needing to go into the LTC system, e.g., levy programs, traditional OAA programs.
- The statewide requirement of Medicaid is an issue, given the variance in what a mil will buy in different areas of the state, and the "ties" on senior levies to specific senior centers or into a county/regional social services levy under the auspices of the county commissioners. Note that in some cases levy funds are currently used to match Older Americans Act federal dollars, making them unavailable as Medicaid match.

Recommendation #12:

ACTION: Roland will talk with Erika Robbins about whether her group will be addressing recommendations #9 - #12 since Chris stated that recommendations had been presented to the Front Door Subcommittee.

NEW RECOMMENDATIONS

New recommendation from Diane Dietz, OHCA:

#20. In an effort to ensure a sustainable continuum of long-term care service and support to serve Ohio's needs today and in the future, we must establish appropriate reimbursement rates for all long-term care providers sufficient to ensure quality of care for all consumers.

- Diane Dietz stated that because the state continues to fund NFs at a lower rate, a more equitable amount of dollars to each sector is needed. Gwen Toney argued that for her organization more money may translate into expanded programming rather than more equitable rate of pay.

New recommendation from Rich Browdi, Benjamin Rose Institute on Aging:

#21. Provide for selective and strategic expansion of Personal Needs Allowance (PNA) supplement based on living arrangement and benefit to the state.

- It was explained that there are multiple PNAs: personal needs supplement, personal disregard, and nursing home residents' personal needs allowance. Ohio is one of four states not making PNA an entitlement, arguing that it would potentially "break the bank." Note: this is not the same issue as NF resident PNA.

ACTION: Roland Hornbostel agreed to discuss this recommendation with Julie Evers.

RECOMMENDATIONS APPROACHING CONSENSUS

Recommendation #16:

- In addition to those entities announcing support at the previous subcommittee meeting, Angie Bergefurd offered ODMH support, especially from the new position just being filled and housing staff. Suzanne Dulaney reminded the group that there should be conversation with the Department of Development that is doing similar efforts around supportive housing to meet operational costs, especially in rural areas. Frank Fleischer pledged OCAPS' support.

ACTION: Roland asked Angie Bergefurd to work with Tracy Plouck to wordsmith and refine the recommendation, especially regarding time commitment by agencies.

Recommendation #3:

- Suzanne Dulaney urged the group to think more broadly and refocus on serving individuals in the least restrictive setting, acknowledging that the behavioral health system in Ohio "dreams of flat funding" and would welcome the opportunity for MFP-like pilots.
- In response to a question about how to operationalize, Roland suggested creating a Money Follows the Person (MFP) program for consumers with behavioral health issues residing in nursing homes, utilizing the state share to fund treatment in the community.
- Suzanne Dulaney and Diane Dietz pledged the support of their respective organizations and the need for support from ODMH and ODJFS was noted. This recommendation was described as difficult, but one with a tremendously meaningful impact.

Recommendation #6:

- Per Roland, this recommendation has already begun moving forward as the result of a grant opportunity resulting from the federal health care reform legislation that is due on July 30th.

REVIEW OF STATUS OF RECOMMENDATIONS

Recommendation #1:

Frank Fleischer asked for clarification on whether measurement of balance would be in terms of clients or dollars. Roland reminded him that three options had been put on the table: measure by people, measure by funding, measure using both.

ACTION: Discussion was tabled until after the SPT presentation on August 2nd for recommendations # 1 and # 15.

(See attached table for complete list of recommendations and status.)

NEXT MEETING

At the August 2nd subcommittee meeting, Erika Robbins, Robert Applebaum and Shahla Mehdizadeh will present a sample of the State Profile Tool where the data work is already done. **It was agreed that people should plan for an extended meeting (1:30 to 4:00 pm).**

Meeting adjourned at 12:25 pm.

BALANCE & FUNDING SUBCOMMITTEE RECOMMENDATIONS STATUS SHEET

Item #	Recommendation (Updated 7/26/2010)	Status	Approaching Consensus
1.	Establish a benchmark for moving Ohio's balance between nursing facilities and HCBS from 59%/41% consumers and/or funding to 50%/50% in the next 3 years (aging/disabled population) and include the benchmark in the Olmstead Plan. (O4A and AARP, accord Applebaum)	Tabled till 8/2 SPT presentation	
2.	Apply the expanded Home First (HB 398) concepts of imminent risk of NF placement to all of the HCBS waivers to prevent individuals from entering nursing homes unnecessarily. (O4A and AARP)		
3.	Allow individuals with mental illness who are inappropriately placed in nursing facilities to transition to community settings and for NF funds to follow them for community mental health services. (O4A and AARP)		X???
4.	Utilize Long-Term Care Consultations (assessors) from AAAs in hospitals, nursing facilities, and health care clinics with concentrated Medicaid chronic disease patients. This will prevent unnecessary nursing home placement. (O4A and AARP)	To Integration & Care Management	
5.	Expand evidenced based disease self management programs to prevent or mitigate an increased need for long-term services and supports. (O4A and AARP)	To Integration & Care Management	
6.	Expand the role of AAAs as Aging and Disability Resource Centers (or Networks). (O4A and AARP)		X
7.	Consider incentives for nursing homes to convert beds to assisted living or other HCBS options. (O4A and AARP)		
8.	Create an equitable, sustainable funding source across all providers where contribution levels are equated to expenditure levels and adjust accordingly. (OANH)		
9.	Create a prioritization policy that ensures available resources go to individuals with the greatest needs first. (OANH)	To Front Door	
10.	Develop uniform monitoring and reporting (e.g. quarterly assessments) across all systems and settings to be able to better disenroll individuals if their needs change and they fall down the priority list. (OANH)	To Front Door	
11.	Develop policies and programs that encourage the development and use of local resources for Medicaid eligible individuals (via federal match) for HCBS. (OANH)	To Front Door	
12.	Develop policies that ensure local non-Medicaid services are not available to individuals and that Medicaid is the last available resource for each service provided. (OANH)	To Front Door	

13.	<p>Need for presumptive eligibility to allow expedited access to the waiver for those currently living in Assisted Living but running out of money. Expedited access to the Assisted Living waiver is needed for those currently living in Assisted Living, but running out of money. Individuals can be forced to move to a more expensive setting while waiting for Medicaid approval (lag time up to 4-5 months). Since the level of care disability eligibility determination is made by the AAA, the delay appears to be with the financial eligibility determination at the County Department of Jobs and Family Services (and this time frame seems to vary between counties). The timeliness of this decision is critical, since it is a “waiver” program. Under the waiver program, the AL facility is not reimbursed retrospectively for any time prior to the date of enrollment (even if the date the individual was eligible precedes the date that they were approved & enrolled. <i>Presumptive eligibility</i> is needed. This has been successfully implemented in other waiver programs (PASSPORT). (OALA)</p>	To Eligibility	
14.	<p>Need for access to Assisted Living for Medicaid eligible individuals not currently in a nursing home or on another waiver program. Access to the AL waiver is now limited to those currently in a nursing home or other waiver programs. This prevents appropriate placement for other Medicaid eligible individuals into Assisted Living (which could prevent unnecessary nursing home placement). A change in the law is needed to allow access to this part of the continuum as appropriate, with the potential to increase quality of life and decrease overall system costs. OAC 5101:3-33-03 (B)(3). (OALA)</p>	To Eligibility	
15.	<p>By June 30, 2013, Ohio should show significant progress toward additional home & community opportunities in at least six of the eight areas of the State Profile Tool, using the SPT to measure that progress. Specific areas & goals will be determined during the course of the FY 12/13 biennial budget process. (amended by OHP)</p>	Tabled for 8/2 SPT presentation	
16.	<p>Beginning October 1, 2010 and extending through June 30, 2013, individuals & associations represented on the ULTCB Balance & Funding Subcommittee should commit an appropriate level of in-kind support toward an informal team to identify and pursue grant opportunities for housing and related supports for individuals with severe & persistent mental illness who would like to live in the community in the event that sufficient supports are available. Partnerships with other entities could be developed as appropriate. This work should proceed regardless of whether any additional state support is made available via an operating or capital budget, with the goal of assisting to transition at least ___ people per year. (OHP)</p>		X
17.	<p>Improve the wages and benefits of the direct care employees serving our LTC consumers. (AARP)</p>	To Workforce?	
18.	<p>Develop and implement an improved quality of care system which correlates the quality of care provided consumers directly to the reimbursements the provider receives. (AARP)</p>		
19.	<p>Explore partial and selective capitation mechanisms for non-institutional based services (as demonstrated by the Milwaukee family care model). (Benjamin Rose Institute on Aging)</p>	To Integration & Care Management	
20.	<p>In an effort to ensure a sustainable continuum of long-term care service and support to serve Ohio’s needs today and in the future, we must establish appropriate reimbursement rates for all long-term care providers sufficient to ensure quality of care for all consumers. (OHCA)</p>		
21.	<p>Provide for selective and strategic expansion of Personal Needs Allowance (PNA) supplement based on living arrangement and benefit to the state. (Benjamin Rose Institute on Aging)</p>		