

**Unified Long Term Care System (ULTCS) Workgroup
Strategic Planning Retreat
Minutes
January 21, 2010**

MEMBERS & PENDING MEMBERS PRESENT

Jim Adams, Ohio Assn. of County BH Authorities
John Alfano, AOPHA
Kathleen Anderson, Ohio Council for Home Care & Hospice
Robert Applebaum, Scripps Gerontology Center, Miami, University
Salli Bollin, Alzheimer's Association
Richard Browdie, Benjamin Rose Institute
Mary Butler, Ohio Centers for Independent Living
Andrew Capehart, Ohio Coalition of Adult Protective Services
Judith Chavis, American Association of Service Coordinators
Mark Davis, Ohio Provider Resources Association
Janet Grant, Ohio Association of Health Plans
Carolyn Knight, Ohio Developmental Disabilities Council
Beverly Laubert, State of Ohio Ombudsman
Rep. Peggy Lehner, Ohio House of Representatives
Jeff Lycan, Ohio Hospice and Palliative Care
Jodi Govern for Becky Maust, Ohio Department of Health
Amy McGee, Executive Medicaid Management Administration
Tamiyka, Koger, Executive Medicaid Management Administration
Brett Kirkpatrick for Steve Mombach, TriHealth Senior Link
Douglas Lumpkin, Ohio Department of Job and Family Services
Christopher Murray, Ohio Academy of Nursing Homes
Emily Barker for Rep. Debbie Newcomb, Ohio House of Representatives
Steve Peishel, Office of Budget and Management
Heather Burdette and Sarah Abbott for Tracy Plouck, ODJFS/Ohio Health Plans
Larke Recchie for Joe Ruby, Ohio Assn. of Area Agencies on Aging
Steve Moore, Ohio Rehabilitation Services Commission
Joe Ruby, Ohio Association of Area Agencies on Aging
Patrick Stephan, Ohio Department of Developmental Disabilities
Bill Sundermeyer, AARP Ohio
Jean Thompson, Ohio Assisted Living Association
Diane Dietz for Pete VanRunkle, Ohio Health Care Association
Tim Tobin, Ohio Legal Rights Service
Addie Whaley, Ohio Association of Adult Care Facilities
Sarah Riegel for Becky Williams, SEIU/1199
Hubert Wirtz, Ohio Council of BH and Family Service Providers

ODA STAFF PRESENT

Barbara E. Riley
Roland Hornbostel
Mary Inbody
Karla Warren
Grace Moran

OTHERS

Barry Jamieson, Ohio Colleges of Medicine, Government Resource Center
Bethany Hathaway, Ohio Council for Home Care and Hospice

HANDOUTS

1/21/10 Agenda
Roster of Members
ULTCS Recommendation Matrix revised
Blank Calendar

WELCOME AND OPENING REMARKS

Barbara Riley opened the meeting and led introductions. She also reviewed the Mission/Vision/Outcomes document in relation to the retreat, describing the day's task as developing a strategic plan for the ULTCS Workgroup, with specific attention to current budget constraints and planning both short-term and long-term. She reviewed housekeeping items pertaining to ULTCS Web page access, ULTCS representation and designee, and processes for members and public to be added to the ULTCS Workgroup agenda. Facilitator Maggie Lewis reviewed the day's agenda.

HOMEWORK ASSIGNMENT

Roland Hornbostel reminded the group of the four phases of ULTCS recommendations and reviewed categorized responses to the homework assignment:

- Provider rates – transparency, coordinator, services worker wages.
- Eligibility (financial responsibility under Medicaid/Medicare), both process and specific requirements
- Further consideration – current recommendations that need additional information.
- Creating more consumer friendly, consumer-empowered, front door services.
- Administrative simplification.
- Problems with current bed supply.
- Integrate ULTCS with Olmstead.
- Strategies for RSS.

PRIORITY QUESTIONS/EXERCISE

Maggie Lewis asked participants to prioritize responses to three categories, using the respective color Post-It Note to write issues. Participants were also asked to specify (by blue dot ●) which of their Post-It Note issues would rank as their top priority.

Yellow: #1 - Most important matrix recommendation to you that is neither planned for the current biennium, nor accepted by the Administration at this time.

Green: #2 - Most important recommendation to you that requires no money.

Pink: #3 - Most important recommendation to you that requires money.

GROUP #1 POST-IT NOTE ISSUES

- ✓ ● #10. Revenue savings achieved through implementation of uniform budget used to more expeditiously implement other recommendations.
- ✓ ● Revenue savings by driving consumers to less costly services back into the system and provide for faster transition from high cost to less costly service – including business transition revenues to high cost providers.
- ✓ ● The current approach has violated Recommendation #1, our most basic premise. We have limited access to non-institutional care and continued unrestricted access to institutional care.
- ✓ ● #9. With a long view approach, 5-10 years. The current system is not functional or sustainable.
- ✓ #10. All revenue savings achieved through the implementation of the unified budget be used to implement other recommendations contained in the final report.
- ✓ #10. All revenue savings achieved through the implementation...
- ✓ #10. Align incentives so that everyone is behind creating efficiencies – reinvestment will do that. Keep savings/some signification portion of savings in system. Direct care wages, benefits, training and supervision and waiting lists.
- ✓ #111. Financial incentives based on quality (outcome) as add-on payments.
- ✓ #111. Quality: Develop financial incentives based on quality and other measurers as an add-on payment to reimbursement.
- ✓ Fully integrate NFs and HCBS budget.
- ✓ Change entitlement from NF to LTC any setting.
- ✓ ● Financial (tax incentives) for consumers to purchase long term care insurance – particularly at earlier, less costly life stages (should lead to cost offset).

- ✓ Eliminate waiting lists for services.
- ✓ Current legislation stops appropriate placement, least costly setting.
- ✓ We need to figure out how to rationalize the systems. Still a mechanism. Still a list of single recommendations.

Group # 1 “Below the Line” Issues:

- ✓ Home First for those under age 60.
- ✓ ● Develop strategies for Phase 2 (including RSS).
- ✓ Phase II disability community.
- ✓ Accelerated schedule for certificate of need (CON) – more frequent evaluations and analyses.
- ✓ ● Emergency funds for victims of abuse, neglect, exploitation that need immediate access to LTCS.
- ✓ Change financing of local MH systems to remove the incentive to institutionalize MH disease victims with complex environmental challenges.

GROUP #2- ELIGIBILITY PROCESS & REQUIREMENTS POST-IT NOTE ISSUES

- ✓ Expansion of expedited access to waivers for hospice consumers.
- ✓ Streamline prior authorization.
- ✓ ● #72.1.
- ✓ Explore PA fast track – or other models – to start services within 24 hours.
- ✓ ● #52. Expedited eligibility should be utilized for home and community-based services beyond PASSPORT.
- ✓ ● #72.1.
- ✓ ● #92.
- ✓ ● #72.1. Presumed eligibility, Aging waiver programs – for example, AL Medicaid Waiver. #36.51. Streamline determination of eligibility (Medicaid)
- ✓ ● #36 & 54.8. We need to improve eligibility process requirements to expedite decisions and if Pennsylvania has a model that works, we need to investigate it and train all local people accordingly.
- ✓ ● #92. Consistent eligibility application.
- ✓ Related to #10, reinvest “savings.” #54.8. Local processing of eligibility-training.
- ✓ 57.1. Prior authorization system streamlined and made easier for consumer/advocate.
- ✓ ● Review Medicaid eligibility requirements to assure consistent application and explore expansion opportunities for consumer eligibility.
- ✓ #36. Fast track eligibility.
- ✓ #57.4, #91, #113. Issues around provider registry, certification – streamline process of providers enrolling and consumers being able to find providers who fit their needs.
- ✓ #52 Expedited eligibility for HCBS beyond PASSPORT.
- ✓ Streamline eligibility process for Medicaid. Speed up.
- ✓ Expedited entry to LTCS for victims of abuse, neglect and exploitation.
- ✓ #35. Explore Pennsylvania’s fast track eligibility determination.

GROUP #3 – COMPLETING SERVICE ARRAY AND INTEGRATED CARE MANAGEMENT

- ✓ Add MH case management and therapies to HCBS service strategies.
- ✓ Housing for people with SMI to receive medical management and oversight in a more appropriate setting.
- ✓ Addressing needs of specialized populations – Alzheimer’s, chronic illness...
- ✓ Have to understand support needs vs. care needs of the consumer as we develop LTC services.
- ✓ #86. Comprehensive tools/resources for developing skills necessary to direct their own care and services.
- ✓ ● #55.1. Self-directed personal assistant services on the state plan. #54.6. Personal needs allowance.
- ✓ #86. Comprehensive tools/resources for developing skills necessary to direct their own care and services.
- ✓ Detailed understanding database of services on care provided across all systems affecting consumers
- ✓ Organize housing with service systems (services pre-positioned with public (HUD) units would take money to organize, but would be cost effective upon utilization.

- ✓ Expand/Build the middle continuum LTC options (i.e., Assisted Living, Foster Care, PACE, etc.).
- ✓ Better coordination of benefits and services across all systems described as best as possible through rules/educational materials.
- ✓ Increase in wages for direct care staff. Plan for closure of state-run DD institutions.
- ✓ Limit NF bed capacity (buy back).

Transportation:

- ✓ Transportation.
- ✓ Add ODOT to workgroup to work with Transportation recommendations.
- ✓ County-wide coordination of transportation services. Provide access to an independent consumer advocate. Adopt comprehensive/all-inclusive definition of care management.
- ✓ #59.2 (and 59.1, 59.3, 61). Assisted or supported transportation. #61.8. Reduction of estate recovery if family members provide gratis ext. care.
- ✓ #59.1, 59.2, 59.3. DME. #71. Access/mobility. #58. Caregiver
- ✓ Develop pilot projects at state to develop Med/non-medical transportation projections.

RSS:

- ✓ Disability, RSS, changes address.
- ✓ RSS
- ✓ Must address RSS issues to support adult care and other facilities for disabled individuals who require long term support.
- ✓ Expand RSS slots or risk not having adult family homes at all.
- ✓ ● #56.3, 56.4, 55.4, 58.3. Care needs in the last year of life.

Technology:

- ✓ Telehealth.
- ✓ Incentives to support an increase in use of technology.

Integration & Care Management (Group 6):

- ✓ Integration of Medicaid/Medicare.
- ✓ ● Medicare/Medicaid integration to serve whole person and prevent/balance facility based vs. community options.
- ✓ Integration of acute and managed care.
- ✓ Integration of health and LTC.

GROUP #4 – RATE SETTING & PROVIDER REQUIREMENTS POST-IT NOTE ISSUES

- ✓ ● #111. Develop financial incentives based on quality and other measures as an add-on payment to reimbursement.
- ✓ #111. Develop financial incentives based on quality and other measures as an add-on payment to reimbursement.
- ✓ Allow deeming of provider certification for national accreditation.
- ✓ Administrative simplification across agencies – positions, process/paperwork flow/rules, rates (may cost some money, in my experience)
- ✓ Collect data and information and analysis that prove, one way or another, that if providers of HCBS services provider rates are cut, what is the impact? Does it increase (or not) institutional care cost?
- ✓ Regulation Review – Point where regulation not required (does not impact safety and welfare) or inhibit service delivery
- ✓ Transparency in provider rates and appropriate provider rates.
- ✓ Building consistent provider rates: Establishing a mechanism to increase provider rates in certain service areas – particularly if it can be tied to merit/performance.

Determined to belong to Budget Deliberation Process:

- ✓ Reinstating the 3% cut that was implemented 1/1/2010 on home care providers. Link to this the need for all to understand how those rates are set for providers to begin with.

Determined Not in Scope and belonging to Balancing & Funding Group

- ✓ Evaluate current provider taxes/tax burden among providers. Develop a more equitable tax for providers.
- ✓ ● Delivery of care- No New Funds. Adopt regulations that allow home care providers to utilize telehealth and be reimbursed for it as a visit in all home care Medicaid programs.

GROUP #5 – FUTURE RESEARCH POST-IT NOTE ISSUES

- ✓ ● #54.6. Begin to study PNA increase for future budget.
- ✓ Increased needs allowance.
- ✓ #84. Explore the feasibility & appropriateness of implementing an NF, bed buy back or conversion program.
- ✓ All items not planned that call for research or exploration.
- ✓ #54.2. Allow nursing home residents to keep their institutional need standard income for a period of time (6-13 months) to help pay for community expenses such as housing.
- ✓ ● Increased levels of quality assurance so consumers have sufficient facts and knowledge so as to make informed choices when evaluating options.
- ✓ Home care providers should either be licensed or certified and maintained in a database to be eligible to provide services.
- ✓ Ability for SNFs to “bank” beds.
- ✓ A data collection body for improved goal setting, benchmarks, and outcomes, i.e., health care authority as in other states.

Deleted:

POST-IT RESPONSES NOT CAPTURED UNDER GROUP TOPICS

Front Door related Items

- ✓ ● #23 Access to informed navigator (is tied to clinical eligibility determination).
- ✓ Informed navigator or independent consumer focused advocate to support consumer decision making.
- ✓ ● Consumer access to an informed navigator. In-home/institutional respite/sitter under state plan. Establish a comprehensive provider registry. Transportation vouchers. Assisted/supported transportation vouchers.
- ✓ #15. Access to front door.
- ✓ Create web-based front door portal.
- ✓ #23&96. Create informed navigators/advocates who have access to information on all of Ohio's LTC services and supports (as well as the programs' limitations) to help consumers.
- ✓ catalog that documents all programs and their eligibility requirements, enrollment limitations, etc.
- ✓ If navigators have the authority of a gatekeeper, it should be cost neutral within a biennium.
- ✓ Single point of entry.

Deleted: A LTC Services & Supports

Workforce-related Items

- ✓ Complete a study of all provider qualifications and whether or not they add value to clients and the services.
- ✓ #91. Statewide registry of providers listing training certification, qualifications, background check, etc.
- ✓ #51.4. Complete provider registry.
- ✓ ● Reinvest efficiency dividends in direct care wages, benefits, training & supervision AND impact the waiting lists.
- ✓ Enhanced training programs, especially for independent providers (e.g., Oregon system).
- ✓ Increase direct care wages benefits training and supervision funding to ensure the availability of an adequately trained workforce.

Other

- ✓ #58.2. Revise provider qualifications to allow family members to be paid providers.
- ✓ Ensure LTC is part of State Health IT strategy.
- ✓ Add Ohio Association of Centers of Independent Living.
- ✓ Better use the information technology available.

DISCUSSION

Participants were asked to explain their top priority to the group and respective recommendation by number:

| # | Priority |
|---------------------------------|---|
| #40 | Measurement of functional level of care |
| #72.1 | Allow people to move directly to what they need. |
| #92 | |
| | Increase quality assurance and spending reallocations that assure ready access to info |
| | Now is the best time to rebalance the system |
| | Consumers should know what exists. |
| #23 | Agreed with Emily and added "empower" consumers |
| #1 | Access to services |
| #36, #51, #72.1 | Presumed eligibility, especially in assisted living settings |
| #10 | Tax incentives to access LTC insurance |
| | Agreed with Bill, Bob and Jean. Reinvest savings into direct care wages/benefits and eliminate the waiting list. |
| | Increase direct care workforce / improve care ladder |
| #9 | Identify sustainable funding for LTC franchise tax |
| #59.1 + | Transportation concerning developmental disabilities and employment |
| #23 | Agreed with Rich and Emily. Informed navigators (for consumers) |
| #72.1 | |
| #36, #51, #52 | Agreed with Jean. Streamline/fast track services |
| #54.6 | Raising personal needs allowance to help those in nursing homes. |
| #55.4, # #56.3, #56.4, #58.3 | Respite care support for caregivers and expand funding for last year of life expanded service needs |
| | Agreed with Steve. Increase quality assurance and ensure access to info |
| #72.1, 9 | Rebalancing of funding that is methodical and makes sense Agreed with Chris on tax and sustainability |
| #86, #23, #72.1 | Access to services/navigator |
| | Expand RSS slots available |
| | Agreed with Mark. Administrative simplification in development disabilities system |
| #1 | Stronger network of support for network |
| #59.1 | Transportation. [Also add both ODOT (funding source) and Ohio Association of CILs to workgroup] |
| #72.1 | Funding |
| #59.1 | Transportation – freedom to move in and out of nursing home care. Agreed with bill and Bob. Also look at whole person – integrate dual eligibles in a rational way |
| #72.1 | Reinstate funding cuts to home care providers |
| #72.1 | Agreed with Janet. Also create more options in middle of system |
| | Prioritize dual eligibles |
| #55.1 | Self-directed personal services for developmental disabilities on the state plan |
| #54.6, #56.5, #114 | Full array of cost effective and efficient services. Care management with single place to manage. Identify role ACFs should/could play in long term care |
| | Participating to hear ideas from others |

SMALL GROUPS

Facilitator Maggie Lewis announced the afternoon groups, based on Post-it Note topics as follows:

1. Balancing & Funding
2. Eligibility Process & Requirements
3. Completing the Service Array
4. Rate Setting & Provider Requirements
5. Future Research
6. Integration & Care Management (combined with Group #3 for purpose of this exercise)

In addition, two standing subgroups that continue to meet outside the ULTCS Workgroup process are: Front Door (MFP/HOME Choice) and Workforce. The Front Door group is working on functional impairment standards, consumer-based web portal and state profile tool.

Director Riley asked those present to think both tactically and strategically. She acknowledged that once subcommittees were organized from this work, an organization could have a maximum of one representative on each subcommittee.

The charge given was to join one of the five groups above and have each group achieve the following:

- Document group participants
- Identify recorder
- Explore issue(s) (presented by the Post-It Notes), highlighting any consensus decisions
- Outline issue for future subcommittee discussion
- Begin workplan development

GROUP REPORTS ON ISSUES

Group 1 – Balancing & Funding

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| <p>John Alfano (recorder) Bill Sundermeyer Mark Davis Chris Murray Hubert Wirtz Tim Tobin Douglas Day Steve Peishel Diane Dietz Carolyn Knight Jodi Govern Sarah Riegel Beverley Laubert</p> | <ul style="list-style-type: none"> • Where do you focus funding to make the needed changes? • Providers pitted against each other. • New models of service – how do they impact desired outcomes? • Determine research needed or information out there. • Revisit goals – short term/long term. • Balance quality – PCC • Unsustainable system - Go out to 2020? • Chronic care management • Housing • Time commitment • Best practices – pilot programs • Volunteer contributions • AARP - possible funding toward solutions for unsustainable system • Need to collectively assure choice • Need to focus on what we can agree and move forward • No magic number to rebalancing – all consumers that need access should get served in setting of choice, including consumers new to the LTC system • Becoming cost efficient and keeping money saved in the system |
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Group 2 – Eligibility Process & Requirements

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| <p>Jean Thompson (recorder) Brett Kirkpatrick Andy Capehart</p> | <p>Members of the group discussed frequently referenced areas identified in the Post-it Notes and concurred that these issues require further attention:</p> <ul style="list-style-type: none"> • Expediting, improving and simplifying the process of Medicaid applications; researching the Pennsylvania “fast track” 24-hour program of determining Medicaid eligibility; • Expanding presumptive eligibility beyond the PASSPORT program to include PACE and the Assisted Living waiver; • Evaluation of retroactive eligibility and expanding the Assisted Living waiver to allow consumers to utilize it from the community (as opposed to a nursing facility). <p>Two other areas of concern were also discussed:</p> <ul style="list-style-type: none"> • Allowing consumers to apply for Medicaid prior to exhausting their assets and income to the level of \$1500. Some county JFS office have reportedly turned away consumers until they reach this level, inducing a crisis and resulting in a delay of several months to determine eligibility while the consumer does not have the funds to pay for needed services. Retroactive eligibility is also needed to cover the months prior to authorization of payment. • Expedited access to the LTC system for victims of abuse, neglect and exploitation. These victims often present in crisis with an immediate need for housing, which often is at a skilled level of care. The current Medicaid process can take more time than is available to place them in a nursing facility. |
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Group 3 – Completing Service Array / Integration & Care Management

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| <p>Rich Browdie (recorder) Janet Grant Joe Ruby Mary Butler Judith Chavis Steve Moore Salli Bollin Jeff Lycan</p> | <ul style="list-style-type: none"> • Navigator/case management and care coordination. Ties to access management for cost allocation as well as to assuring quality and coordination. Role in access for people not yet eligible for Medicaid. • When is adding to the service system “enhancing services” and when is it offsetting more expensive care? How about different approaches to a service? <ul style="list-style-type: none"> ○ Comparable data ○ Ability to experiment and model • Can (local, state federal) funding sources be pointed to the same goal? • Can transportation approaches be shown to help reduce LTC costs over time? When simply necessary, how can it be provided in a more cost effective manner? • Optimizing the efficiency of the inter-connections in service systems (navigators?) to improve understandability, e.g., better signage – rationalize. • Review “any willing provider policies – matching housing and service strategies |
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Group 4 – Rate Setting & Provider Requirements

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| <p>Tamiyka Koger (recorder) Kathleen Anderson Sara Abbott</p> | <p>This workgroup determined that the initiatives proposed were already in progress or should be discussed in another subcommittee and therefore, this subcommittee should not be formed.</p> <p><u>Rationale:</u> State agencies under the umbrella of EMMA are working towards addressing the following recommendations:</p> |
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| | <ol style="list-style-type: none"> 1. Allow deeming for National Accreditation for provider certification. 2. Administrative simplification across agencies. (Under the work of EMMA this will be addressed by developing a process by which a Medicaid Waiver provider will only have to be approved to provide Medicaid waiver services through one agency, one time, in order to provide Medicaid Waiver services in other agencies. 3. Budgeting constant provider rates; establishing a mechanism to increase provider rates in certain service areas—particularly for merit and performance. 4. Develop financial incentives based on quality and other measures as an add-on payment to reimbursement. 5. Regulation /Review. 6. Transportation provider rates and appropriate provider rate. <p>EMMA will be working with state agencies that administer Medicaid waivers to standardize waiver service definitions, waiver service provider requirements and waiver rate setting methodologies for Medicaid waiver services that span two or more Medicaid waiver administering agencies or is a service that is under development.</p> <p>EMMA will also be working with state agencies who administer Medicaid waivers to develop a process, policy and system by which providers of Medicaid waiver services will only be required to apply as a Medicaid provider one time, through one agency.</p> <p><u>Not in scope:</u></p> <ol style="list-style-type: none"> 1. Collect data and information that proves if HBCS service provider rate cuts reduce or increase institutional cost care cost (forward to Group #1 Funding & Balancing) 2. State Plan Medicaid Services 3. Provider taxes (forward to Group #1 Funding & Balancing) 4. Tele health 5. Re-instate the 3% provider rate reduction |
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Group 5 – Future Research

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| Bob Applebaum (recorder) Roland Hornbostel | Because research and information needs were identified under other groups, it was recommended that a separate group on research was not needed , but we may need a mechanism for coordinating research across workgroups. |
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Bev asked if items/issues from groups not being continued would be reassigned and was assured that the information would be captured.

STRUCTURE

Participants opted for the following new subcommittees, in addition the independently operating subcommittees on Front Door and Workforce:

1. Balancing & Funding
2. Eligibility & Regulations*
3. Completing the Service Array
4. Integration & Care Management

**Note: Subcommittee #2 may fold later if lack of participation.*

NEXT STEPS (FOR SUBCOMMITTEES)

Charter: A draft charter will be given to each new subcommittee to use as a starting point.

Staffing: A state staff person would be designated as convener/facilitator for each subcommittee.

Logistics: Based on feedback on best meeting dates on their calendars, future meetings will be held from 12 noon to 3 pm with the first half of the meeting reserved for subcommittee work and the last half reserved for plenary session. Meanwhile, Front Door and Workforce subcommittees will continue to meet "off-cycle," and all subcommittees have the option to meet more frequently.

Timeline: Subcommittees will need to coordinate the work ahead into items that would influence the budget and items that will not influence the budget and prioritize accordingly.

ADJOURN - Meeting adjourned at 3:50 pm.