

Unified Long-Term Care System Advisory Workgroup Minutes July 14, 2011

MEMBERS PRESENT

Kathleen Anderson, Ohio Council for Home Care and Hospice
Hon. Nickie Antonio, Ohio House of Representatives
Angie Bergefurd, Ohio Department of Mental Health
Richard Browdie, Benjamin Rose Institute on Aging
Mary Butler, Ohio Statewide Independent Living Council
Malinda Deacon (for Jean Thompson) Ohio Assisted Living Association
Janet Grant, Ohio Association of Health Plans
Betsy Johnson, NAMI Ohio
Beverley Laubert, Ohio Department of Aging, SLTC Ombudsman
Jeff Lycan, Midwest Care Alliance
John McCarthy, ODJFS Office of Health Plans
Greg Moody, Governor's Office of Health Transformation
Christopher Murray, The Academy of Senior Health Sciences, Inc.
Shelley Papenfuse, The Ohio Olmstead Task Force
Barb Petering (for Bonnie Kantor-Burman), Ohio Department of Aging
Tracy Plouck, Ohio Department of Mental Health
Larke Recchie, Ohio Association of Area Agencies on Aging
Bill Sundermeyer, AARP Ohio
Jean Thompson, Ohio Assisted Living Association
Pete VanRunkle, Ohio Health Care Association
Steve Wermuth, Ohio Department of Health
Hugh Wirtz, The Ohio Council

HANDOUTS

ULTCS Meeting Agenda
New ULTCS Advisory Workgroup Membership Roster (updated)
Nursing Facility Capacity Subcommittee Report to the General Assembly
Nursing Facility Quality Measures Subcommittee Report to the General Assembly
Ohio Health and Human Services Transformation Framework
Aligning Key OHT Budget Initiatives with Ongoing Workforce Development Projects
Care Coordination for Dual Eligibles
ULTCS Waiver Design Timeline
Health Homes

WELCOME AND INTRODUCTIONS

Acting Chair Greg Moody welcomed the members of the Unified Long-term Care System Advisory Workgroup and asked everyone present to introduce themselves. He explained that Bonnie Kantor-Burman was in Washington, D.C. at the request of AARP to talk about Ohio's LTSS efforts in conjunction with the release of the "Raising Expectations State Scorecard on Long-Term Services and Support" (<http://www.aarp.org/relationships/caregiving/info-09-02-2011/ltss-scorecard.htm>). The report is being published jointly by AARP's Public Policy Institute, the Commonwealth Fund and the SCAN Foundation. Based on data from 2009, Ohio was ranked 35th overall among states, but this ranking does not take into account recent policy shifts.

OFFICE OF HEALTH TRANSFORMATION (OHT) STRATEGIC FRAMEWORK

Greg Moody shared the handout outlining phase two for OHT, whose role is to bring focus on aligning activities to improve overall performance. The kick-off meeting of the new HHS Shared Services Project Office will occur in the next few weeks. By year's end, based on the work of multiple groups, OHT expects to have a better sense about strategic direction for health and human services.

Questions and Comments

- *In response to inquiries about implementation of a single point of entry and consideration about right-sizing state and local service capacity, Greg responded that we are talking through those concepts assured the group that stakeholder input would be sought.*
- *In response to a question from Mary Butler about personal choice vs. doctors dictating course of treatment, Greg assured her that we are trying to create an environment where people have dignity in their own decision-making.*

NURSING HOME QUALITY & CAPACITY SUBCOMMITTEES RECOMMENDATIONS

Greg Moody explained the Capacity Subcommittee recommendation that the Ohio Department of Health propose revised rule changes based on specific rule language included in its report (<http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=4aCHEdQndv4%3d&tabid=40>). No legislative action is required.

He also explained the Quality Subcommittee report recommendations submitted September 1st. (<http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=gbMfTgw0xD0%3d&tabid=40>). In order for nursing homes to get full payment for the Medicaid daily rate, they must meet five of 20 quality measures. These measures included categories such as framework, clinical, environment, choice and staffing. He admitted that Ohio is taking baby steps in correlating payment and performance, and measures should be revisited over time as we have new models of care.

Questions and Comments

- *Pete VanRunkle remarked and Bill Sundermeyer agreed that the product represents intensive work, consensus among participants and a good first step. Rich Browdie added that the burden on the state remains to allow flexibility of implementation while limited providers' "cherry-picking" of only the easiest measures. Mary Butler remarked on the open process of structured organizational membership on the subcommittees while allowing others to comment along the way.*
- *Jeff Lycan asked if the five points represented each domain. Though there was conversation around weighting or requiring one from each domain, the group opted for more flexibility, as urge by legislators, since the incentive was built inside the current rate; meeting these measures is necessary for nursing homes to recover 100% of their reimbursement.*

BUDGET IMPLEMENTATION WORK TEAM UPDATES

Greg asked the respective team leads to offer updates on their work as it relates to items implemented in the biennial budget, noting that future ULTCS Advisory Workgroup meetings may focus on only one or two topics in depth, rather than many topics, as this meeting does. Greg mentioned that Housing and Workforce are two topics that cross over most other work, as opposed to the final three updates that are more task-specific.

Housing – Director Tracy Plouck described the Housing group comprised of state agency staff (with RSC and Ohio Housing Finance Agency added) coordinating across departments to look at ways to leverage opportunities even without great resources. Their short-term work plan includes such efforts as:

- Helping HOME Choice, with consideration of geographically targeted and/or population specific approach. (ODMH has hired a staff person to focus on HOME Choice.)
- Pitching to CMS on care coordination that includes housing, i.e., seeking Medicaid resources for housing to be able to serve more in home- and community-based settings.
- Seeking partnership opportunities to leverage resources for housing, e.g., NCR's Kresge Foundation opportunity to marry service and housing dollars.

Questions and Comments

- *Rich Browdie suggested starting with population specific approach but not to be defined by it and to give consideration to differences in urban and rural characteristics.*
- *Mary Butler suggested the 504 regulations and asking PAA Directors how they are handling.*
- *Kim Donica recommended developing local service cooperatives through HOME Choice in communities and described success with metropolitan housing authorities, adding that HOME Choice as a demonstration project offers the chance to experiment on how to connect a service package to housing and then replicate.*

Workforce – Kimberly Donica and Tiffany Dixon

This initiative is scanning the current environment and looking at sister agencies' efforts as they relate to the OHT work, as referenced in the handout, "Aligning Key OHT Budget Initiatives with Ongoing Workforce Development Projects." Tiffany Dixon spoke about the continuing efforts of the Direct Service Workforce Initiative that is tied to the OHT Workforce team. Tiffany agreed to provide more information about upcoming meeting dates.

Questions and Comments

- *Hugh Wirtz asked that the core chart in the handout acknowledge the Licensed Independent Chemical Dependency Counselor (LICDC). Rich Browdie asked that consideration on the chart be given to front line workers. Tiffany clarified that the chart refers to certified positions but agreed to look at adding others.*

Dual Eligible Project – Harry Saxe

The aim of this project is an integrated, comprehensive, and seamless approach to the delivery of healthcare services to beneficiaries eligible for both Medicare and Medicaid. A Request for Information (RFI) is being developed to seek input from stakeholders for October 1st issuance, if possible. JFS is working with CMS to obtain Medicare data on Ohio's dual eligibles (estimated at 270,000) in a useable format for analyzing to help inform the creation of an integrated care delivery system (ICDS) by September 2012. A decision about whether to participate in a CMS proposed pilot is due October 1st. He clarified that we do not have to identify upfront the specifics of what that pilot would include.

As a final note, Harry pointed out that according to an August 2011 Special Needs Consulting Services report, every one percent of saving in annual FFS costs for duals is estimated to save Ohio more than \$100 million in combined Medicare and Medicaid funding. This means creation of the ICDS may offer the biggest potential future savings.

Questions and Comments

Mary Butler asked the group to be specific and use the terminology “for Medicaid and Medicare services” following references to “dual eligibles.”

Single Waiver – Sara Abbott

ODJFS and ODA are participating in regular program management meetings on consolidation of the five waivers for HCBS long-term care in Ohio into one. They will be looking for a stakeholder group to do some visioning in this area. She suggested that Mary Inbody serve as a conduit for recommendations for stakeholder participation. Her handout showed that, working backward from a waiver effective date of July 2012, the white paper should be submitted and stakeholder process begun yet this year, with the waiver application submitted by March 1, 2012.

Questions and Comments

- *Hugh Wirtz asked if a 1915(i) waiver would be another avenue for housing, and John McCarthy assured him the state was looking at all potential avenues.*

Health Homes – Jon Barley

John McCarthy provided an introduction to the topic of health homes by clarifying that Medicaid health homes are not be confused with ODH’s person-centered medical homes under HB 198.

The Affordable Care Act provides a specific definition for Medicaid health homes and offers parameters around who can receive its services, as described in the handout. In Ohio, 325,000 Medicaid consumers meet these criteria which target consumers with multiple chronic conditions and uncoordinated care. Intensive care management offers these consumers improved care and health outcomes, while improving Ohio’s bottom line – a win/win.

Multiple agencies (ODH, ODADAS, ODMH, ODJFS) are meeting regularly around program design. ODMH is touring Ohio to see how community mental health centers might fit with health homes. Challenges being faced include: physical and behavioral health integration (versus mere co-location), care coordination, broad range of provider interest and readiness, defining regional readiness per CMS requirement, electronic health record and health insurance exchanges, and financing that must show return on investment. Initial home health enrollment is targeted for June 2012.

Questions and Comments

- *Rich Browdie commented on defining regions, suggesting we start smaller, e.g., by zip code, by county, etc.*
- *Chris Murray asked how much choice we would have in developing the team of healthcare professionals for a health home and was told we would need to include specialized healthcare professionals or someone with multiple specialties. He further asked about the role of managed care in health homes. In managed care, extra payment goes toward care coordination; health homes are based on fee for service. John McCarthy said we must ensure in the design that we are not paying twice for the same service and reminded the group that health homes would qualify for enhanced match for two years.*

NEXT STEPS/NEXT MEETING: November 9, 2011

The November meeting will likely focus on a more specific topic, discuss it in depth and provide the opportunity for a working conversation.

The work of the subcommittees and work teams will proceed, with regular updates on progress to the full ULTCS Advisory Workgroup. Greg Moody described four areas of work needed going forward, noting that the Quality Measures Subcommittee whose report is completed, can be reactivated if needed:

1. CAPACITY & REIMBURSEMENT SUBCOMMITTEE

Capacity's work is partially done with the submission of the September 1st report. The next step would be to look forward at what is the right capacity and expand the charge of the subcommittee to include reimbursement issues identified in HB 153.

2. ELIGIBILITY SUBCOMMITTEE

Eligibility's report is due by December 2011. It will help inform the efforts the dual eligible project, as well as the single waiver.

3. SINGLE WAIVER WORK TEAM STAKEHOLDER PROCESS

4. DUAL ELIGIBLES PROJECT STAKEHOLDER PROCESS

Action Step: ODA will elicit recommendations for participation on these subcommittees and work team stakeholder processes for consideration by the Administration in formulating these bodies.

OTHER ANNOUNCEMENTS

Mary Butler announced the Ohio Development Disabilities and Olmstead Task Force's conference on November 8th and 9th.

Larke Recchie announced an O4A conference bonus session on care transitions being offered September 13th, 3 – 5 pm at Dublin Embassy Suites.

Meeting adjourned at 3:15 pm.