

# Unified Long-Term Care System Advisory Workgroup Minutes November 28, 2011

## MEMBERS PRESENT

John Alfano, LeadingAge Ohio  
Kathleen Anderson, Ohio Council for Home Care and Hospice  
Bobby Applebaum, Scripps Gerontology Center at Miami University  
Mary Butler, Ohio Statewide Independent Living Council  
Janet Grant, Ohio Association of Health Plans  
Betsy Johnson, NAMI Ohio  
Bonnie Kantor-Burman, Director, Ohio Department of Aging  
Beverley Laubert, Ohio Department of Aging, SLTC Ombudsman  
Joan Lawrence for Bill Sundermeyer, AARP Ohio  
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.  
Joe Ruby, Ohio Association of Area Agencies on Aging  
Kelly Smith for Hon. Nickie Antonio, Ohio House of Representatives (by phone)  
Jean Thompson, Ohio Assisted Living Association  
Pete VanRunkle, Ohio Health Care Association  
Steve Wermuth, Ohio Department of Health

## HANDOUTS

ULTCS Meeting Agenda and ULTCS Advisory Workgroup Membership Roster (updated)  
ULTCS Subcommittee Charges under Section 209.50  
Ombudsman Case and Complaint Data  
HB 153 NH Update – What the Data Says about Quality

## WELCOME AND INTRODUCTIONS

Chair Bonnie Kantor-Burman welcomed the members of the Unified Long-term Care System Advisory Workgroup and asked them to introduce themselves.

## OFFICE OF HEALTH TRANSFORMATION UPDATE

Greg Moody announced that S.B. 264, regarding nursing home quality incentive payments and quality bonuses paid to nursing facilities under the Medicaid program, is being introduced by Sen. Shannon Jones and testimony will be heard on November 29<sup>th</sup> by the Joint Committee on Unified Long-term Care.

Based on Greg's handouts about ombudsman case/complaint data and HB 153 quality data, no dramatic impact on NH quality has been evidenced. ODH has enhanced its monitoring, and the posting of information in the LTC Consumer Guide has been accelerated. Greg asked the group to consider complaints as an "early warning sign," and asked that any other red flags be highlighted and shared.

## Comments:

- Chris Murray questioned the jump from 9 to 19 immediate jeopardies (19 cases in 13 facilities) last quarter. Immediate jeopardy was defined by Steve Wermuth as the potential for immediate harm, e.g., medication error, falls, etc. where ODH has 48 hours to respond.

- Bob Applebaum urged that no decisions be made based on one quarter's worth of data; the data is complicated by multiple measures of quality that don't align with each other.
- Pete VanRunkle added his concern about the reporting by 350 facilities that have been reduced by 3000 jobs.

### **CAPACITY & REIMBURSEMENT SUBCOMMITTEE**

Greg Moody described the four ULTCS subgroups: Quality, Capacity, Eligibility, and Reimbursement. Quality's report was submitted on September 1<sup>st</sup> and Eligibility's report is due December 31<sup>st</sup>. The Capacity subcommittee is being broadened to include Reimbursement. Its report is due to the Legislature on December 31, 2012.

This subcommittee will evolve as it begins with capacity and moves to reimbursement/ financing. He assured members that every ULTCS Advisory Workgroup member organization would be able to appoint one representative to this subcommittee, in addition to any subject experts needed. Greg anticipates that fewer state agency representative will be needed. The first meeting will be scheduled for early January with monthly meetings thereafter. The first two meetings or so will focus on capacity. At some point, where it is most logical, the work of the group will be linked with the work of the dual eligible project and the work of the single waiver subcommittee.

### QUESTIONS/COMMENTS:

- John Alfano suggested that (post-acute) hospitals be included in the Capacity and Reimbursement Subcommittee.
- Steve Wermuth announced that ODH is undergoing its five-year rule review and on December 1<sup>st</sup> the rule package will be submitted to the Public Health Council for review.

***ACTION STEP: ODA will send out information on the group's charge and elicit recommendations for participation.***

### **ELIGIBILITY SUBCOMMITTEE**

John McCarthy explained that the Eligibility Subcommittee first looked at scope and definition. One major concern was that 30-50% of the eligibility determinations were taking longer than 90 days, when they are supposed to all be completed within 45 days. OHP expects to have a draft report for the next meeting of the Eligibility Subcommittee, and then they will have one more final subcommittee meeting before submitting their report. OHP is also working with its county boards and planning a statewide training on eligibility. John also talked about the broader eligibility work regarding the need to streamline Medicaid eligibility categories and the impact of the new Medicaid participants under the Affordable Care Act in 2014 – adults under 60 without children. John McCarthy said that CDJFS's make the eligibility determination, but we have to look at the whole system and all of the variables, e.g., staffing levels for state and county, how past administrations handled, etc.

### QUESTIONS/COMMENTS

- Bob Applebaum asked about the scope of eligibility and was told that it was not just financial but level of care eligibility.
- Jean Thompson asked for clarification on the payment delay and was told that Medicaid reimbursement is not paid till the eligibility is determined, which can present a cash flow issue. Pete VanRunkle added that if the person is then determined ineligible, the provider can be on the hook for the financial costs, especially since they cannot discharge while Medicaid eligibility determination is pending.

## **DUAL ELIGIBLES PROJECT**

Harry Saxe announced that the Request for Information (RFI) responses have been posted on the website (<http://jfs.ohio.gov/rfp/R1213078024/R1213078024.stm>). Consultants from Thompson Reuters are providing feedback. JFS has had conversations with CMS to better understand their expectations about the model and determine what waiver authority is needed. John McCarthy mentioned the two model options toward which Ohio is leaning: managed care vs. fee for service. A strawman proposal is being created to begin to understand what an integrated care model could look like, with input from the ULTCS Advisory Workgroup.

### QUESTIONS/COMMENTS

- Janet Grant asked about the projected timeline and was told that CMS requires implementation by January 2013, and we hope to implement by September 2012.
- Greg Moody asked when stakeholder input would be most critical. Harry's hope is to have the strawman distributed in time for stakeholder review for the January 12<sup>th</sup> ULTCS meeting.

## **SINGLE WAIVER**

Matt Hobbs presented on behalf of Sara Abbott who will be retiring soon. Under HB 153, a new waiver program for nursing home level of care will combine the five waivers. The challenge is to balance the new unified program with best practices. A new waiver needs to be in place by July 1, 2012, allowing 90-120 days for CMS review. Recommendations were shared with stakeholders on November 9<sup>th</sup>. It was decided that children would stay on the Ohio Home Care waiver and that the single waiver would serve adults. A 1915 b/c combination waiver would allow for selective contracting. By separating out assessment and case management, case management can be made a waiver service. Regions have not yet been defined. The departments are currently drafting a white paper for CMS' review and to request technical assistance on the design of the waiver. The goal is to have the white paper available for stakeholder comment before submission to CMS.

### QUESTIONS/COMMENTS

- Bob Applebaum asked about the relationship between the duals project and the single waiver. John McCarthy responded that what is designed on the single waiver must be at the core of the duals work so that home- and community-based services are the same/similar, regardless of program. The challenge is how to align them the benefits so they are all available across programs. They have not yet determined if they can include Assisted Living since its eligibility is different than for the other waivers.
- Jean Thompson urged JFS to build in a transition plan to ensure consumers' health and safety and to reassure fearful providers with so many changes in such a short span. Harry Saxe said that all waivers affect a total of 70,000 consumers, so a smooth transition is essential. John McCarthy added that they are looking at how to streamline provider requirements to keep from losing already existing good providers in the process.
- Mary Butler expressed strong concerns about the lack of person-centered focus. She cited the exhilarating discussion between consumers and Jon Barley on health homes and her worry about "dismantling the successful PASSPORT waiver" without having consumers adequately represented in the stakeholder process. She suggested building on the state's success with Choices and RSC's PSA program, both which are consumer-directed.

- Greg Moody explained the rationale for unifying the waiver to get to the point of being able to prioritize person-centered care. The state is working to accelerate the process to meet the window of opportunity while allowing for input.
- John McCarthy added that though the current waivers are working, they are not coordinated, making it more difficult to meet the person's needs as their needs change with seamless transition and minimal disruption. For duals, it should mean minimized disruption with much better outcomes.
- Bonnie Kantor-Burman echoed that person-centeredness has become almost ingrained so we sometimes forget we are not expressing it as our underlined aim and mentioned her recent blog article, "Who's the Boss?" (<http://blog.caregiver.org/?p=743>).
- Betsy Johnson suggested communication with the Consumers for Health Care Coverage (Cathy Levine and Col Owens) to help ensure consumer focus.
- Pete VanRunkle questioned the lack of opportunity for input on the white paper before it is submitted to CMS. Greg agreed to work to correct any misperceptions on "decisions vs. recommendations" while still trying to meet "unrealistic" timeframes.

***ACTION STEP: OHT will make connection with Mary Butler and others to ensure the timeline for input is adequate. The state will reassess timelines to allow for more direct feedback.***

#### **WRAP-UP**

Joe Ruby announced that two of seven awardees for CMS' transition grant were given to AAAs 1 and 10B to reduce readmissions around specific criteria.

Meeting adjourned at 2:55 pm

Next meeting: Thursday, January 12, 2012, 1:00 pm  
Lazarus Building, 50 W. Town Street, Conference Rooms C621 A/B