

Balancing Work Group Sub-Committee for "Criteria" Recommendations

Introduction

One of the primary functions of the "Front Door" for long term services and supports is to identify options that may meet a consumer's needs in a way that provides meaningful choice. In order to provide meaningful choice, the criteria for different services and/or benefit packages are a critical element. As stakeholders examined the existing criteria for accessing institutional and waiver services, many options for reform that could contribute substantially to a balanced delivery system for long term services and supports were identified.

Many of the long-term reforms will need further exploration and may need to be linked to benefit design to ensure continuity of services to Ohio's consumers. Changes to criteria have the potential to significantly impact both individual consumers and the delivery system for long term services and supports. Any changes to existing rules and regulations should be data driven to the extent possible and based on analysis of utilization and assessment data. In addition, care should be taken to ensure that existing rules and regulations are not changed more quickly than the capacity to meet consumer needs is developed.

The relation between criteria and waiting lists is also a significant element in the efforts to develop a balanced delivery system for long term services and supports. Existing waiting lists in individual programs should be addressed with a state-level strategy of managing any waitlist. In addition, sufficient information should be collected about consumers on the waiting list to ensure that the state is able to maintain a meaningful waiting list that indicates unmet needs. Ohio will then be better able to manage its waiting lists through a comprehensive plan to ensure reasonable movement on the waiting list.

Boundaries

The recommendations that follow reflect concepts that were identified as critical to the development of a balanced delivery system for long term services and supports. These recommendations include both some that should be implemented in the short term and some in preparation for long-term reform to the criteria for accessing long term services and supports in Ohio.

Work addressing the criteria for long-term services and supports in this group was limited to criteria for nursing facility services and waivers based on nursing facility services. While a review and possible reform of the criteria for accessing services in the MRDD delivery system are also critical elements in achieving a balanced delivery system, that work is currently underway as part of the Futures

initiative. However, the recommendations contained within do impact the MR/DD system. Thus, the stakeholder group(s) to be convened should include representation from the MR/DD community.

The recommendations that follow recognize significant reliance on the work of both other subcommittees supporting the development of the front door and other committees supporting the development of the plan for the unified long term care budget.

Recommendations

*Recommendation 1: To facilitate ongoing consumer choice among an array of service as consumer's needs change, and to address issues that currently may result in inappropriate utilization of nursing facility services, Ohio should convene a stakeholder group to analyze and explore changes to existing rules and processes regarding level of care and pre-admission screening and resident review (PASRR) for nursing facility admissions and NF-based waivers. **Note: Please see "boundaries" section page one regarding ICF-MR and ICF-MR-based waivers.*

- When evaluating proposed changes and developing recommendations, consider the impact of the existing legal requirement that ties eligibility for Medicaid waiver services to a NF level of care.
- Changes to existing rules and regulations should be data driven. Additionally, the impact on both the delivery system and the individual should be assessed before changes are made.
- Evaluate resources required to ensure impacted consumers receive the appropriate services and that resources are available prior to changes being made. Investigate the ability to include the availability of informal support or community resources in the level of care criteria.¹
- To ensure consumer access to needed services, changes should be made in conjunction with benefit package design.
- Include measurement of functional and medical needs in the level of care criteria.
- Consider the implementation of specialized level of care criteria for some populations (e.g., children, TBI)
- Consider an extended transition period for any changes to level of care criteria to facilitate continued service to consumers already receiving long term services and supports through the Medicaid program.
- Replace the existing skilled and intermediate levels of care with a single nursing facility level of care.

¹ A comment was received against investigating the ability to include the availability of informal supports in the level of care criteria. The comment said; "Informal supports are critical to community based service options and care plans are built around them in the PASSPOIRT waiver. However, they have no place in the LOC criteria. Informal supports and community resources are too porous for criteria and dangerously shifts the focus away from the consumer."

- To address issues that currently may result in inappropriate utilization of nursing facility services, analyze the current PASRR structure with particular attention to exemptions, categorical determinations, and specialized service determinations.
- To facilitate consumer choice, consider providing explicit authority for state agencies to initiate level of care and/or PASRR assessments if the provider fails to do so.
- To facilitate consumer choice, consider time limited level of care determinations across settings. For example, this might include level of care and PASRR redeterminations across settings. For instance, re-determinations might be made after the first nine months of services and annually thereafter. This will require a process to facilitate the transition of consumers among settings as changes in needs are identified through the reassessment.
- Evaluate the current requirement for face to face assessments. Identify situations where a face-to-face assessment may not be necessary (e.g., a comatose consumer).²
- Establish a time period (e.g., 60 days) where an assessment can be used as consumers move among settings.³
- Consider a streamlined assessment process when consumers are moving between programs and/or settings. For example, this may constitute a process to validate existing level of care and PASRR assessments based on a record review when a consumer moves from a waiver to a nursing facility.
- Any changes should take into account careful consideration of the impact on consumer access to services, especially consumers who are currently receiving services.

Recommendation 2: Ohio should develop a comprehensive, uniform assessment to evaluate consumer needs. The assessment must include functional and medical needs, the availability of formal and informal supports, housing, community integration, level of care and PASRR.

- Tools used in other states (e.g., Wisconsin, Minnesota, Oregon) provide a starting point. Tools used in Ohio by existing programs such as the PASSPORT assessment tool.
- The uniform assessment should be implemented in conjunction with long term care consultations across all populations.
- The implementation of a uniform assessment should include tickler functionality to ensure more frequent contact with consumers as needs change. For example, incorporate the use of OASIS or MDS data, including how MDS 3.0 into the uniform

² A comment was received to rebut the need to evaluate whether assessments need to be face to face. The comments stated; “ I think there is a great need for a face to face assessment. It has been a long standing standard in the PASSPORT program. So often the reported condition of the consumer doesn’t match reality. It speaks to accountability of the professional making a recommendation.”

³ A comment was received that a consumer with multiple diagnosis and health needs may change dramatically in 60 days and at least a validation or confirmation of the current status needs to be completed.

assessment to trigger an indicator or flag that initiates a re-assessment to determine a consumer's level of care and changes in services needed.⁴

- Compliment the focus on diagnosis and medical needs with a focus on functional needs.
- Consider the implementation of specialized criteria for some populations (e.g., children).

Recommendation 3: To ensure consistency and access across settings, establish a quality assurance function with emphasis placed on documenting inter-rater reliability and training for personnel conducting assessments.

Recommendation 4: Develop a plan to ensure that any wait list moves at a reasonable pace. The plan may vary by phase of the unified long term care budget and will connect back to the uniform assessment discussed in recommendation #2.

- Include a strategy for ensuring that consumers need and are eligible for the services for which they are waiting. This will require collecting sufficient data about consumers to assess "the fit" between individuals and services.
- Conduct a risk assessment to determine the need for a plan to address prioritization issues.
- Develop a state level strategy for the management of any wait list for needed services.

*Recommendation 5: Ohio should explore developing a tiered⁵ model of services. This model will include an evaluation of each consumer's needs, assignment of a funding level based on those needs, and the flexibility to react to changes in a consumer's needs. The vision behind a tiered model is to ensure maximum choice for consumers. This recommendation is not meant to specify **how** this should be achieved, but rather to emphasize that all potential options should be explored.*

- Evaluate the resources required to ensure impacted consumers receive the appropriate services and that the resources are available prior to changing level of care.
- To ensure consumer access to needed services, any changes to existing rules and regulations should be made in conjunction with benefit package design.
- Any changes to existing rules and regulations should be data driven to the greatest extent possible. Additionally, the impact to both the delivery system and the individual should be assessed before any changes to existing rules and regulations are made.

⁴ Another comments was received on this bullet that proposes stating the example this way; for example, consider identifying elements from the uniform assessment that "flag" an individual for contact and possible re-assessment at a specific time when the individual's needs and choices may be expected to change. Monitoring of reams of assessment data coming in on an ongoing basis is not the way to do this—it should be triggered by the initial assessment of the individual indicating they have potential for returning to the community at a later time.

⁵ Comment received requested clarification or definition on what is meant by tiered system.

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