Balancing Work Group
Recommendations for the "Front Door"

Introduction and Purpose

The Balancing Work Group was originally formed to support Home Choice (Ohio's Money Follows the Person Grant implementation). As Ohio expanded its efforts to balance the long term services and supports delivery system to include a Unified Long Term Care Budget, the role of the Balancing Work Group was expanded to support that group around "the Front Door."

The Balancing Work Group divided its work into three core areas that are the key components of any effort to balance a long term services and supports delivery system. These core areas of focus are:

1) The "Front Door" into the long term services and supports delivery system
2) Access and Capacity
3) Purchasing Strategies

This document is focused on the Balancing Work Group's efforts to define a vision for Ohio's "Front Door" into the long term services and supports delivery system.

Participants

The Balancing Work Group includes members from: ODJFS, ODMH, ODA, ODMRDD, ODADAS, ODH, OBM, AOPHA, OCHC, AARP, Brethren Care Village, Olmstead Task Force, Ohio Self-Determination Association, County Boards of MRDD, Access Center for Independent Living, OPRA, Ohio DD Council, Ohio Legal Rights Service, SEIU, Office of the State LTC Ombudsmen, Center for Independent Living Options, The Arc of Ohio, ADAMH Boards, OHCA, OANH, LEAP, OAAAA, Assistive Technology of Ohio, and APSI.

Process

The Balancing Work Group is completing the work to develop its recommendations for Ohio's "Front Door." The full group met initially to generate ideas and research initiatives in other states to inform the vision for Ohio's "Front Door." The results of those meetings led to general recommendations that provided the framework for this document.

As the high level brainstorming has been completed, it has become clear that further work to develop additional detail needs to be completed in small groups. We suggest moving the Balancing Work Group meetings to a less frequent schedule and regular meetings for small groups to do that work. The subgroups

draft

will include representation from impacted state agencies. In addition, stakeholders with special interest in the topics addressed in the subgroups are encouraged to be active participants

As detailed recommendations are finalized, this document will be completed to summarize the vision for the "front door." The final document, including the detailed recommendations will be presented to the full Rebalancing Work Group for consideration. The final document will inform both the Home Choice implementation and the development of Ohio's Unified Long Term Care Budget.

Important Issues for Further Consideration

The vision for the "front door" to long term services and supports includes four key components. Those components are the structure of the "front door," the criteria for accessing long term services and supports, financial eligibility and education. A subgroup will be commissioned to further define the recommendations in each of those areas.

As the subgroups are completing their work, there are some boundaries that must be considered. These include the following:

- Additional funding is not likely to be available during the current biennium. Consider phased approaches that begin the work during the current biennium but delay the need for additional resources until the fiscal year 2010-2011 biennium.
- The Medicaid program is limited by federal requirements. As recommendations are developed, be mindful of those provisions. Identify those instances when a recommendation would require funding with only state dollars or may not be consistent with current state or federal law.

The Structure of the "Front Door"

Recommendation 1: An internet-based, single point of entry across all delivery systems should be implemented in Ohio.

- The internet-based system should integrate existing tools and systems that are successful in linking consumers to service delivery options.
- The internet based system will be available to the consumer, consumer's representative, or consumer's advocate in the setting most convenient for the individual. This may include through a telephone call, a visit from a care manager who enters information later, or internet contact directly with the system.
- Links to existing referral systems will be an integral part of the "front door."
- The structure of the "front door" will provide consistency across delivery system. This includes both links to other websites of interest and the ability to access the front door from those websites either through a link or programming behind the scenes.

- Implementation of the internet-based, single point of entry will be a step toward eliminating silos, creating transparency, and creating a common, secure, electronic infrastructure to expand information sharing, enhance the analysis of trends, and improve data driven policy setting.
- The internet based system will provide access across the entire health care delivery system.
- The internet based system will provide the opportunity to connect to a "real person."
- The internet based system should be "logic driven" so that it can reach preliminary decisions regarding level of care, utilize criteria to identify behavioral health needs, and identify available options likely to meet a consumer's needs.
- The internet based system should include a location for consumers to collectively rate quality and access measures and peer comments on provider quality.
- The internet based system should include a component to better manage waiting or interest lists for home and community based services, have capacity to connect functional and financial eligibility, and support long term planning.

Recommendation 1A: The "Front Door" should include a tickler system to assure consumer understanding of options available as needs change and before choices become difficult to access.

- A "tickler system" should include a post acute care strategy to ensure meaningful choice.
- A "tickler system" providing a tool to address the issues related to convalescent stays should be included. The tool should collect PASSR (Pre-Admission Screening and Resident Review information), including reasons for exempted stays.
- The virtual "front door" should have the ability to notify consumers of changes in options as programs change or are added.

Recommendation 1B: The "Front Door" should provide data to support policy and program development.

- The "front door" should collect information identifying where there is the need for additional capacity.
- The "front door" should collect information allowing for analysis to determine whether the development of an alternative benefit package would reduce utilization of a more expensive option.
- The "front door" should collect information that will facilitate analysis showing whether demand for a program has declined to a point where it makes sense to take it down and shift resources to other options. The information, in combination with other utilization information, should all

draft

analysis of how the needs of consumers utilizing the program could be met if that choice is made.

Criteria for Accessing Long Term Services and Supports

Recommendation 2: Ohio should explore changes to the existing level of care and PASSR structure to better match consumer needs and choices.

- Ohio should develop a plan for revising the level of care and PASSR criteria.
- In addition to federal requirements to determine eligibility for institutional or waiver services, the criteria should assess behavioral health needs within those settings and across the long term services and supports delivery system.
- Level of care criteria should be revised to reflect a higher standard for institutional services as alternatives are developed for consumers who are negatively impacted by the change.
- Level of care redeterminations should be consistent across settings. ODJFS should have rule authority to question and address level of care determinations regardless of setting.
- Due process issues related to changes in level of care and PASSR criteria and time limited level of care need to be considered.
- Ohio should develop specialized level of care criteria for children (possibly related to developmental milestones).
- Ultimately, level of care criteria in Ohio should focus on functional needs instead of diagnosis. For example, functional needs might be defined as supportive, behavioral and medical.
- ODJFS should have the ability to reverse a level of care determination if the criteria are applied inappropriately.

Recommendation 2A: A uniform assessment of core characteristics should be completed for each consumer at the initial point in time when they begin to access long term services and supports.

- The uniform assessment should collect information about consumer needs related to requirements for institutional and waiver services and the need for behavioral health services. It should include questions unique to specific populations.
- The uniform assessment should be mandatory.
- The uniform assessment will help ensure consistency across delivery systems.
- The collected information should provide a connection to available choices likely to meet the consumer's needs.
- The uniform assessment may be utilized more than once over time in recognition of changes in consumer needs.
- A primary objective of the uniform assessment is informed choice.
- The focus should be on functional needs instead of diagnosis.

draft

Recommendation 2B: In order to develop and maintain a long term services and supports delivery system that offers meaningful consumer choice, waiting lists must be representative of actual demand for services and/or programs.

- The uniform assessment of core characteristics should be done before a consumer is added to a waiting list. Placement on a waiting list should indicate that a preliminary determination that the consumer could access the services if the capacity existed has been made.
- A consumer should be on one waiting list.

Financial Eligibility

Recommendation 3: Financial Eligibility

- A plan to address inconsistencies among counties when determining financial eligibility needs to be developed and implemented.
- The determination of financial eligibility and consumer liability needs to be flexible enough to recognize a consumer's shift from an institutional setting to a community setting during a calendar month.
- Consider options to ensure that spousal resource assessments are consistent for consumers in institutional settings and in community based settings.
- Develop a plan to improve the timeliness of eligibility determinations.
- Consider implementing presumptive eligibility.
- Consider alternatives to face to face assessments for purposes of determining financial eligibility.
- Evaluate post-eligibility treatment of income across settings. Consider alternatives to ensure consistency.

Education

Recommendation 4: Discharge planners in hospitals and other institutional settings need training about both process issues and available consumer choices.

- The potential for huge impact on institutional utilization exists if discharge planners don't automatically think of institutional settings first.

Recommendation 4A: Consumer education to support informed choices

draft