

**ULTCS Balance and Funding Subcommittee**  
**April 7, 2010 Meeting Notes**

Present

Co-chair Tracy Plouck, OHP	Chris Murray, OANH
Co-chair Roland Hornbostel	Bill Sundermeyer, AARP
John Alfano, AOPHA	Larke Recchie, OAAAA
Steve Peishel, OBM	Bob Applebaum, Scripps/Miami University
Kathleen Anderson, OCHCH	Jeff Lycan, OHPCO
Mary Butler, SILC	Tim Tobin, OLRs
Diane Dietz (for Pete Van Runkle), OHCA	Jean Thompson, OALA
Missy Craddock, OPRA	Sarah Riegel, SEIU District 1199
Matt Schueren, OANH/Molina	Charles Demidovich, CCAO
Barry Jamieson, Ohio Colleges of Med.	Mike Moore, ODA
Jodi Govern, ODH	Sheri Jones, ODA
Maureen Corcoran, OHP	Mike Luers, ODA
Harry Saxe, OHP	Kevin Blade, ODA
Bibi Manev, OHP	Douglas Day, ODADAS
Michael Snow, PACE/TriHealth Sr. Link	Angie Bergefurd & Lynne Lyon, ODMH
Beverley Laubert, State LTC Ombudsman	Frank Fleischer, OCAPS

Materials

AARP materials were distributed to those who had not previously received them.

Presentations

Steve Peishel gave a PowerPoint presentation on the EMMA LTC Financing Workgroup.  
Tracy Plouck gave a PowerPoint presentation on Ohio Medicaid Financing.

Q & A

Q – How will health care reform impact the budget?

A – Tabled for discussion at next meeting.

Q – What are the pros & cons of moving all Medicaid appropriations to one line item.

A – Tracy Plouck clarified that this could only happen for the GRF portion which cannot be commingled with the state special revenue. She identified the pro as offering the highest degree of flexibility. She identified cons as the political issue of “disenfranchised” other departments, General Assembly’s perspective of oversight of separate funding “buckets,” and the impact of removing the 525 fund on the state’s bonding authority.

Q – What about the local share?

A – Per Tracy, there is no local match in the Aging system; MH and ODADAS have state plan services so there are immediacy challenges.

Call for Future Presentations

- Chris Murray asked about funding sources: history, characteristics and provider taxes.
- Beverley Laubert asked about the cost (and impact) to increase NF residents’ personal needs allowance (PNA). For example, increasing all Medicaid NF residents from \$40 to \$65 per month and all those on SSI from \$30 to \$65 per month.
- Jean Thompson asked about the Assisted Living waiver PNA (and expressed concern over medical copay).
- John Alfano asked whether PNA could be tied into the cost of living or SS increase as percentage or benchmark, rather than monetary amount.

- Tim Tobin asked for more background on state development centers (which Patrick Stephen from DODD agreed to address).
- John Alfano asked about MFP vs. HOME Choice: how the money flows and effectiveness.
- Bill Sundermeyer asked about how to track the health care reform NF franchise fee of \$1 to PASSPORT and balance to NF expenditures and quality add-on and OHP's reaction. Tim Tobin added a question on how disposition is monitored and also for ICFMRs and DD (effective 2011).

### Balancing "Strawman"

Roland Hornbostel presented the "strawman" for balancing handout and talked about various indicators. He admitted that Phase 2 and 3 State Profile Tool measures need more work and that Phase 3 expands beyond Medicaid to look at other public funding.

### Balancing Q & A

Q - Can data be broken down to region or county?

A – Per Bob Applebaum, we can look at people by region, but not expenditures.

Q - How does ratio take into account policy changes, e.g., franchise fees?

A – It is a known problem that needs to be worked out, e.g., back out bundled services that were in the NF rate, but since enhanced FMAP for HCBS match varies based on current balance of a state, we would need to correct for that.

Q – John Alfano asked if there would be context or analysis for the indicators?

A – Per Bob Applebaum the Web site will include a summary with ability to click on detail.

Q – Diane Dietz asked how deep we are going with community-based expenditures?

A – Acute care card services are not included with NF and HCBS services, but PMPM includes these, depending upon measure.

### Other Balance Questions

Q – Roland asked about separate indicators for aging or those with physical disabilities or developmental disabilities.

A – Consensus was for all information available though this could be an issue when using data to set goals. Scripps is aiming for an overall measure with ability to break it down.

Q – Roland asked about measuring Ohio against all other states, against similar states or over time.

A – Bob Applebaum offered that there is not necessarily good data available nationally on some measures.

Q – Roland Hornbostel asked how important state ranking was.

A – Rich Browdie believes we should expect that someone will do a national comparison.

Q – Rich Browdie asked about quality of life as a philosophical measure, e.g., service satisfaction.

A – Beverley Laubert offered the family health survey, perhaps retrofit with more questions.

Roland closed the meeting with a mention of the impact on the Workforce Subcommittee, stating that other reactions on balancing would be entertained at the next meeting. Meeting adjourned at 1:50 pm.

## Ohio's Home and Community-based Waiver Programs – April 2010

Waiver Program Control#	Ohio Home Care Waiver 0337	Transitions Waiver 0383	Transitions II Carve-Out Waiver (TCO) 0440	PASSPORT Waiver 0198	Choices Waiver 4196	Assisted Living Waiver 0446	Individual Options Waiver 0231	Level One Waiver 0380
Unduplicated Capacity (SFY)	9,600 (SFY2010)	3,100 (CY2010)	1,776 (SFY2010)	44,212 (SFY2010)	1,117 ((SFY2010)	1,800 (SFY2010)	17,506 (SFY2010)	11,000 (SFY2010)
Enrolled (Feb 2010)	8,358	2,811	1,705	27,696	500	1,845	15,446	7,488
Average Individual Waiver Costs (372 Report Factor D SFY 2008)	\$23,591	\$24,820* * CY 2007	\$24,018	\$9,265	\$13,447	\$10,941	\$55,964	\$11,441
1. What are the eligibility requirements?	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; Intermediate or Skilled Level of Care</li> <li>&gt; Age 59 or younger</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; ICF/MR Level of Care</li> <li>&gt; All Ages</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; Intermediate or Skilled Level of Care</li> <li>&gt; The individual must be age 60 or older and must transfer in from the Ohio Home Care Waiver.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; Intermediate Level of Care</li> <li>&gt; Ages 60 +</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; Intermediate Level of Care</li> <li>&gt; Ages 60 +</li> <li>&gt; Lives in approved service area (one of three PAA areas)</li> <li>&gt; Attend training and be willing and able to direct provider activities &amp; negotiate rates within cost cap</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; Intermediate Level of Care</li> <li>&gt; Be age 21 or older</li> <li>&gt; Enrollment limited to consumers in either the PASSPORT, CHOICES, Ohio Home Care or Transitions Carve-Out waivers, NF residents, or those who have resided in a Residential Care Facility (RCF) for six months prior to application</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criteria</li> <li>&gt; ICF/MR Level of Care</li> <li>&gt; All Ages</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Specific Financial Criter</li> <li>&gt; ICF/MR Level of Care</li> <li>&gt; All Ages</li> </ul>
2. What services are available?	<ul style="list-style-type: none"> <li>&gt; Out of Home Respite Services</li> <li>&gt; Adult Day Health Services</li> <li>&gt; Supplemental Adaptive and Assistive Device Services</li> <li>&gt; Supplemental Transportation Services</li> <li>&gt; Emergency Response Services</li> <li>&gt; Home Modification Services</li> <li>&gt; Personal Care Aide Services</li> <li>&gt; Waiver Nursing Services</li> <li>&gt; Home Delivered Meal Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Out of Home Respite Services</li> <li>&gt; Adult Day Health Services</li> <li>&gt; Supplemental Adaptive and Assistive Device Services</li> <li>&gt; Supplemental Transportation Services</li> <li>&gt; Emergency Response Services</li> <li>&gt; Home Modification Services</li> <li>&gt; Personal Care Aide Services</li> <li>&gt; Waiver Nursing Services</li> <li>&gt; Home Delivered Meal Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Out of Home Respite Services</li> <li>&gt; Adult Day Health Services</li> <li>&gt; Supplemental Adaptive and Assistive Device Services</li> <li>&gt; Supplemental Transportation Services</li> <li>&gt; Emergency Response Services</li> <li>&gt; Home Modification Services</li> <li>&gt; Personal Care Aide Services</li> <li>&gt; Waiver Nursing Services</li> <li>&gt; Home Delivered Meal Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Homemaker / Personal Care</li> <li>&gt; Adult Day Health</li> <li>&gt; Environmental accessibility adaptations</li> <li>&gt; Transportation</li> <li>&gt; Non-Medical Transportation</li> <li>&gt; Personal emergency response systems</li> <li>&gt; Specialized medical equipment &amp; supplies</li> <li>&gt; Social work &amp; counseling</li> <li>&gt; Nutritional consultation</li> <li>&gt; Home-delivered meals</li> <li>&gt; Independent Living Assistance</li> <li>&gt; Community Transition</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Home Care attendant</li> <li>&gt; Adult Day Health</li> <li>&gt; Environmental accessibility adaptations</li> <li>&gt; Alternative meals service &amp; home delivered meals</li> <li>&gt; Personal emergency response systems</li> <li>&gt; Specialized medical equipment &amp; supplies</li> <li>&gt; Pest Control</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Assisted living services</li> <li>&gt; Community transition services (for nursing home residents enrolling in the waiver)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Respite Care- Institutional</li> <li>&gt; Environmental accessibility adaptations</li> <li>&gt; Transportation</li> <li>&gt; Non-Medical Transportation</li> <li>&gt; Specialized medical, adaptive equipment &amp; supplies</li> <li>&gt; Homemaker personal care</li> <li>&gt; Social work</li> <li>&gt; Home delivered meals</li> <li>&gt; Interpreter</li> <li>&gt; Nutrition</li> <li>&gt; Adult Foster Care</li> <li>&gt; Adult Day Services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Homemaker / Personal Care</li> <li>&gt; Respite - Institutional</li> <li>&gt; Respite - Informal</li> <li>&gt; Specialized medical equipment &amp; supplies</li> <li>&gt; Transportation</li> <li>&gt; Non-Medical Transportat</li> <li>&gt; Environmental accessibi</li> <li>&gt; adaptations</li> <li>&gt; Personal emergency response system (PERS)</li> <li>&gt; Emergency Services</li> <li>&gt; Adult Day Services</li> </ul>
3. How do I apply and where?	The ODJFS 02399 form is required to make application and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS)	Closed to new enrollment. Only available to consumers w/an ICF/MR LOC a) on OHCW 1/1/02, or b) on Core Plus when it closed 7/1/06; or c) on ODMR/ DD waiver and receiving home health benefits 7/1/06.	Closed to new enrollment. Only available to consumers a) on OHCW 7/1/06; or b) on OHCW and turn 60 after 7/1/06; or c) on Core Plus when it closed 7/1/06; or d) on ODA waiver and receiving home health benefits 7/1/06.	The ODJFS 02399 form is required to make application and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA office.	The ODJFS 02399 form is required to make application and can be obtained and submitted at the local CDJFS or at one of the four approved regional PAA offices.	The ODJFS 02399 form is required to make an application and can be obtained at the local CDJFS or at the regional PAA office.	The ODJFS 02399 form is required to make application and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the local county board of MR/DD.	The ODJFS 02399 form is required to make applicati and can be obtained and submitted at the local CDJ or at the local county board MR/DD.
4. Who administers this waiver?	The Ohio Department of Job and Family Services (ODJFS) administers this waiver program.  ODJFS contracts with a Case Management Agency (CMA) to provide case management services.	ODJFS administers this waiver program.  ODJFS contracts with a CMA to provide case management services.	ODJFS administers this waiver program.  ODJFS contracts with a CMA to provide case management services.	The Ohio Department of Aging (ODA) administers the day to day operations of this waiver program as outlined in the interagency agreement with ODJFS, who has the overall responsibility for the program.  Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	ODA administers this waiver program under the direction of ODJFS.  The four approved Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	ODA administers this waiver program under the direction of ODJFS.  Passport Administrative Agencies (PAA) act as regional administrators and provide case management services	The Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) administers the day to day operations of this waiver program as outlined in the interagency agreement with ODJFS, who has the overall responsibility for the program.  Local County boards of MR/DD provide case management services.	ODMRDD administers the day to day operations of th waiver program as outlined the interagency agreement with ODJFS, who has the overall responsibility for th program.  Local County boards of MR/DD provide case management services.

**Ohio Medicaid Financing**  
**ULTCB Balancing Committee**  
**April 7, 2010**

Tracy J. Plouck  
Medicaid Director

**Ohio**

Department of  
Job and Family Services

# Overview

- Medicaid stats: eligibility, services, delivery
- Role of sister agencies & local partners
- Basic funding flow
- Medicaid & state appropriations
- Federal stimulus
- Building the Medicaid budget
- Items to consider

# Medicaid in Ohio

- Publicly funded health care for Ohioans with limited income or chronic disabilities
- Funded with state and federal dollars
- \$14.69 billion expenditures (SFY 2009)
- ~ 25 percent of Ohio's state spending  
(Note: This % increases if Federal funding is counted)
- Counter-cyclical with the economy

## Medicaid in Ohio, pt 2

2.3 million Ohioans served (**SFY 2009**)

- Coverage for 1 in 5 Ohioans
  - 41% children
  - 20% seniors age 85+
- Pays for over 40% births in Ohio
- Pays for over 60% percent of nursing home care

# Who Medicaid Covers Children & Families (CFC)

## **CHILDREN**

(up to age 19; former  
foster care youth  
age 18-21)

**200% FPL**

(\$3,675 / month  
family of four)

### **PLANNED:**

**300% FPL**

\$5,513 / month  
family of four

## **PREGNANT WOMEN**

(any age)

**200% FPL**

(\$3,675 / month  
family of four)

## **FAMILIES**

(Parents & Children)

Healthy  
Families

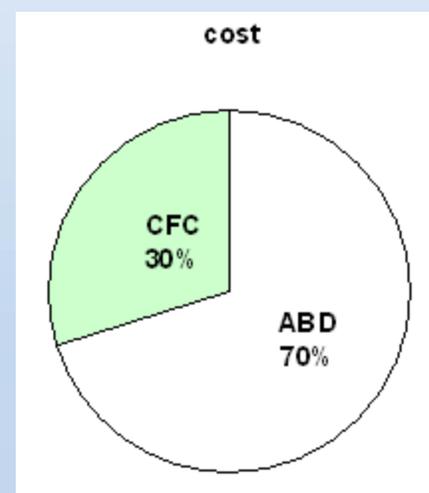
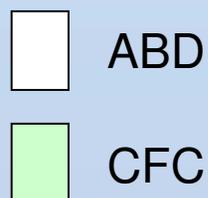
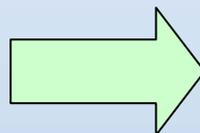
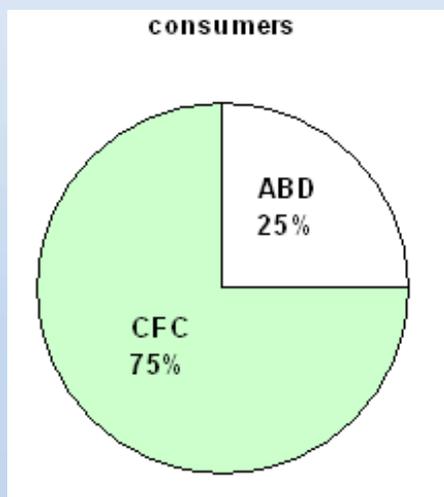
**90% FPL**

(\$1,654 / month  
family of four)

# Who Medicaid Covers Elders & People w/ Disabilities (ABD)

- Aged: 65 years or older
- Blind: Visual acuity or 20/200 or less or  
SSI eligible due to visual impairment
- Disabled: Physical/mental impairment inhibiting work  
and has lasted, or will last, 12 months or  
result in death; or  
Receiving SSI, SSDI or JFS has determined  
disability

# Ohio Medicaid Consumers & Cost



75% of consumers are in the Covered Families and Children Group but 70% of cost is among the smaller "Aged, Blind or Disabled" group

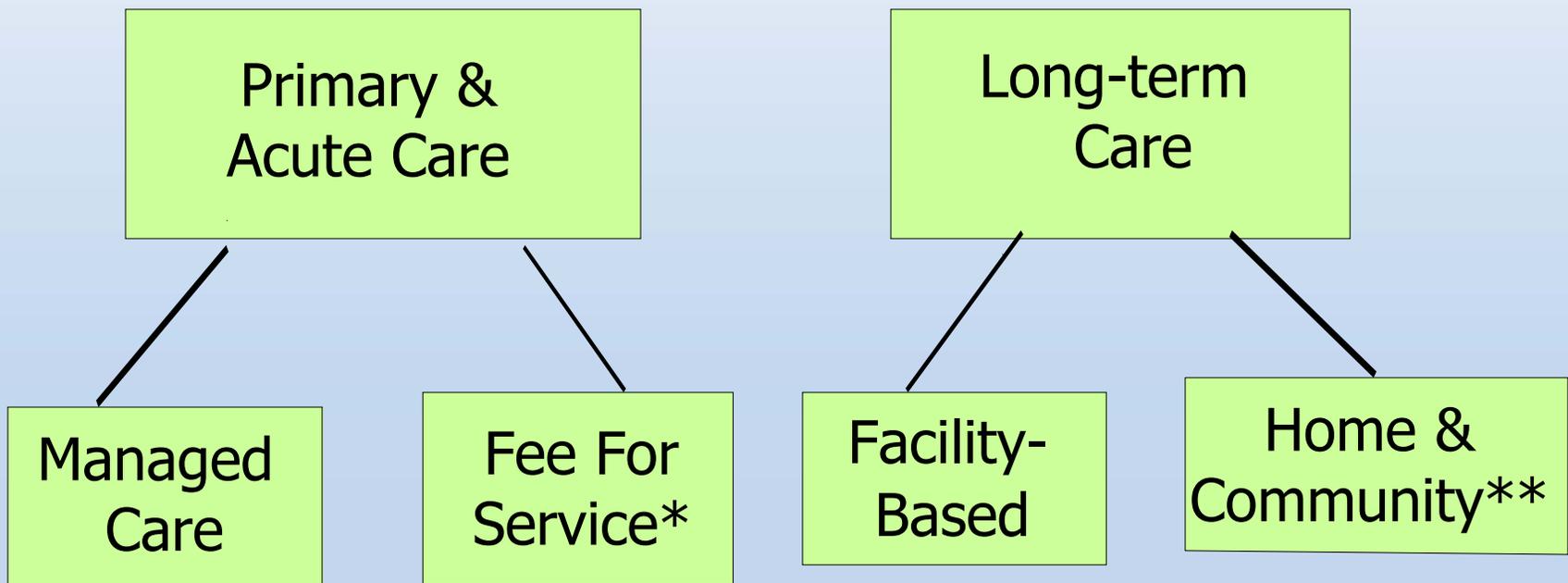
# Medicaid Basic Benefit Package

- Doctor visits
- Prescriptions\*\*
- Dental
- Behavioral Health
- Home Health
- Durable Medical Equipment (DME)
- Therapies
- Immunizations
- Vision
- Inpatient & Outpatient Hospital
- Lab & X-Ray
- Transportation
- Private Duty Nursing
- Other Services

(\*\*) Drug benefit provide through Medicare for certain ABD consumers

# Medicaid Service Delivery System

## 2 Benefit Plans



\* includes FQHC services, community behavioral health & pharmacy carve-out, available to both managed care & fee for service enrollees

\*\* includes HCBS waivers administered by AGE and DODD

# Medicaid Managed Care

- ODJFS contracts with 7 managed care plans
- 1,509,000 enrolled in January 2010
  - 74% of all consumers
  - CFC: 1,390,000
  - ABD: 119,000
- Medicaid managed care expenditures:  
\$4.8 billion for SFY09

# Medicaid Fee for Service

- Individuals exempt from managed care per ORC 5111.16
  - ABD children (under 21)
  - Residents of institutional settings
  - Individuals using spend down
  - Dual eligibles
  - Waiver enrollees
- Services exempt from managed care

# Institutional Long Term Care

- Approx. 925 Nursing Facilities
  - Approx. 90,000 Medicaid-licensed beds
  - Average # Medicaid consumers/month = 54,200 (unduplicated 79,600 excluding MC)
  - Medicaid spending – \$2.57 billion
- Approx. 415 ICFs/MR (excluding DCs)
  - Approx. 5,900 beds
  - Average Monthly # consumers = 5,800
  - Medicaid spending = \$536 million

# HCBS Waivers Differ from Medicaid

- “Waive” institutional setting
- Targeted populations
- Not an entitlement
- Different/specialized services, e.g., case management, home modifications, home-delivered meals, homemaker, supplemental adaptive and assistive devices
- In Ohio, operated by 3 different state agencies

## Medicaid HCBS Waivers, 2/1/2010

- 12,800 enrolled in ODJFS waivers:  
Ohio Home Care & Transitions
- Almost 30,000 enrolled in ODA waivers:  
PASSPORT / Choices / Assisted Living Waiver
- Over 23,000 enrolled ODMRDD waivers:  
Individual Options & Level One
- 65,900 enrolled in Medicaid Waivers

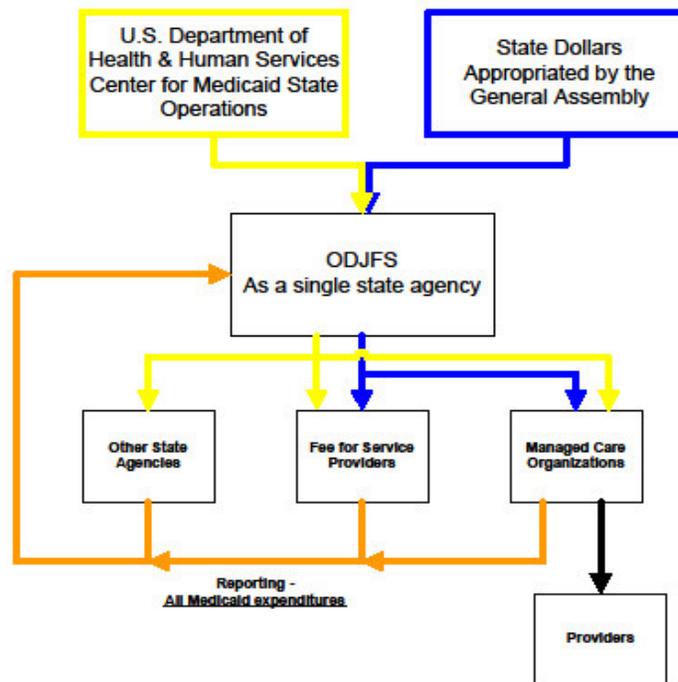
# Role of Sisters & Local Partners

- Various state agencies administer pieces of the Medicaid program
- State plan & waiver documents reflect this
- Interagency agreements
- Sub-agreements with local partners
- “State share” may be provided by sister agency or locals depending on system
- Financial accountability

# Basic Funding Flow

## ODJFS

As a single state agency  
Conduit for all federal Medicaid and SCHIP funding  
Conduit for all federal Medicaid and SCHIP expenditure reporting



## Services Provided

- Nursing home
- Private ICF/MR
- Inpatient hospital
- Outpatient hospital
- Physician
- Prescription drugs
- ODJFS waivers
- Managed care
- Medicare Part D
- Buy-in
- Home health
- Dental
- Hospice
- Others

# Medicaid & State Appropriations

- Typically, state share is reflected in the budget of the state agency administering the program
- Federal share is reflected in both JFS budget (for ISTV) and sister's budget (for "out the door" disbursement)
  - Federal regulations govern timing
  - All spending is monitored & reported to CMS on a quarterly basis; reconciliation occurs

# Expenditures SFY2010

JFS \$13,093,739,817

DODD \$ 1,053,897,461

ADAS \$ 75,929,182

DMH \$ 450,541,466

AGE \$ 448,079,924

Total \$15.12 billion

27% of the total state budget

# Federal Stimulus

- Intended to assist states with economy-related Medicaid increases
- **BASIC EXAMPLE:** Enhanced federal reimbursement on a \$100 service lessens the need for state GRF from \$38 to \$26, thereby enabling Ohio to stretch the state resources further and cover increased caseload.

## Federal Stimulus, 2

- Sister agencies (and locals providing match) receive the eFMAP for Medicaid expenditures
- As part of ARRA, currently available for time period October 2008 – December 2010
  - Estimated value: \$3.1 billion
- Possible extension through June 2011

## Federal Stimulus, 3

- Enhanced reimbursement, so depends on expenditures
- Stakeholders have many ideas about how to spend these additional resources
- Must take state's overall bottom line into account when exploring options

# Building the Medicaid Budget

- Medicaid baseline projection
  - What will happen with no policy change?
- Macroeconomic indicators
  - Inform estimates for caseload growth
  - Tax receipt estimates for overall GRF
- Target zip code for planning
  - JFS receives basic guidance & begins “Medicaid budget equation”

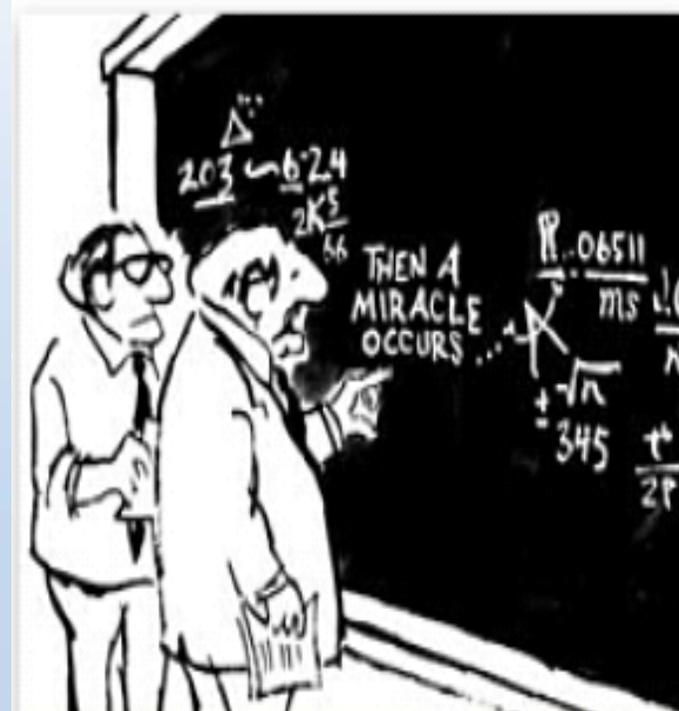
# Equation for the Medicaid Budget

## **BASELINE Medicaid Spending**

- **Minus Est. Cost Containment**
- + **Plus Investments in the future**
- + **Plus new priorities, initiatives**  
(and then a miracle occurs...)

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**= A Reasonable Medicaid Budget**



# Ingredients of Medicaid Budget Development

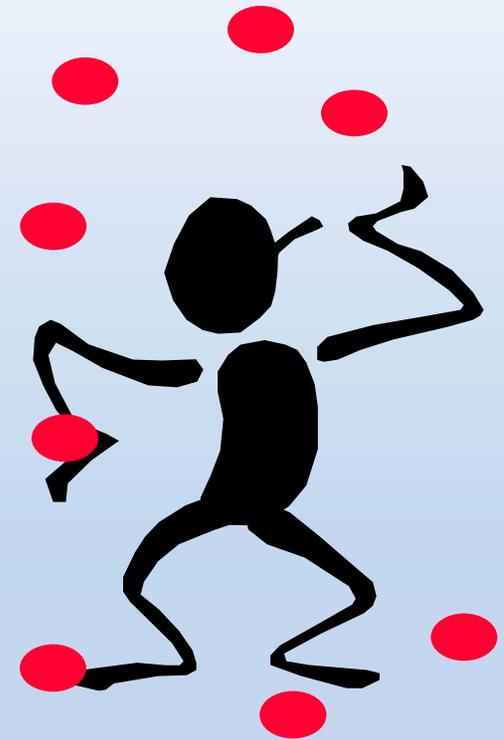
- Governor's priorities for Ohio
- Medicaid growth (baseline)
- Sister agencies' budget needs
- EMMA Recommendations
- "External" Entities: Advocates, Provider Groups, Federal Government; Responses to Litigation
- Available funding / economic strength

# Sisters & the Medicaid Budget

- Line items supporting Medicaid, wholly or in part, in sisters' budgets are not forecast the same way as ODJFS Medicaid
- Sisters typically required to follow standard budget development guidance & make the case for priority initiatives
- Local resources are taken into account (e.g., projection of # new DD waivers)
- JFS federal share for sisters adjusted as necessary

# Juggling the Challenges of the Medicaid Budget

- Growing caseload
- Economic slowdown
- Federal oversight/cost shifting
- Growing medical costs & utilization
- Increased disability of enrollees
- Must reduce \$1 spending to save 40 cents state tax dollars
- Many initiatives cannot be implemented – or realize savings - immediately



## Items to Consider

- How will sister agency policy initiatives for ULTCB affect Medicaid “card costs?”
- Sustainability of sister agency & local financing for Medicaid
- FEDERAL REFORM
- Political considerations

# Questions?



Tracy J. Plouck  
Medicaid Director  
614-466-4443

[Tracy.Plouck@jfs.ohio.gov](mailto:Tracy.Plouck@jfs.ohio.gov)

[www.jfs.ohio.gov/ohp](http://www.jfs.ohio.gov/ohp)

**DRAFT**

## **EMMA Long Term Care Financing Workgroup**

Steve Peishel  
Budget/Management Analyst  
07 April 2010



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### **Project Description**

- Coordinate budget and policy initiatives to assist EMMA agencies to better balance Ohio's long-term services and supports:
  - Flexible - permit consumers to choose from a wide array of quality services based on their preferences and needs
  - Transparent to policymakers and consumers
  - Cost-effective – budget for the future for those needing long-term care and Medicaid funded supports.

• Source: Draft Workplan



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### **Scope**

- Forecast for long-term care services in both Aging and Job and Family Services.
- Support budget development for the upcoming FY12-13 biennial budget.

• Source: Draft Workplan



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## Performance Measures

- Accurate expenditure forecasts.
- A balanced system of long-term services and supports based on consumer choice.

• Source: Draft Workplan

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## Membership

- Department of Aging
- Department of Job and Family Services
- Executive Medicaid Management Administration (EMMA)
- Office of Budget and Management (chair)

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## FY 10 Accomplishments

- Transfer of funds to cover Home First costs.
- Controlling Board approval to increase appropriation in state and federal LTC funding lines.
- Help in eliminating the ULTCS wait lists.

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## Next Steps

- Forecasting for the upcoming budget.
  - Includes budget coordination across agencies to ensure all requirements are addressed.
- Assembling a manual to document policies and procedures for the ULTCS implementation.
  - Helps create audit trails for important actions and procedures.

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## Questions?



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## “Balancing:” How do we define it and how is it measured?

In most reports (AARP, Medstat, Ohio Council for Home Care – Fleeter, Scripps Gerontology Center, etc.) Ohio’s current system of long-term services and supports (LTSS) indicates an over-reliance on facility-based care and from that standpoint is “unbalanced.”

The question is what measure or measures should be utilized as indicia of creating a more balanced LTSS system? While ultimately the OBM-led “forecasting” group under EMMA will lead in doing the actual measurement, this subcommittee’s input is sought to assist the forecasting group in defining these measures.

In response to the advocacy of people with disabilities of all ages and their families, many states are balancing their long-term services and supports systems to assure choice, reduce institutionalization and increase opportunities for people to live in the community. As part of the balancing effort, some states - with the encouragement of the Centers for Medicare & Medicaid Services - are developing a profile of their long-term services and supports system. Ohio is building a profile in response to a recommendation through the Unified Long Term Care Budget Workgroup and through the Money Follows the Person Demonstration Project.

A state long-term services and supports profile can provide policymakers and stakeholders with a high-level view of the long-term services and supports system, identify opportunities for improved coordination among programs and other health and social services, acknowledge successes, and identify service gaps.

Ohio’s profile will be web-based and will include the following:

1. An executive summary of Ohio’s current system and an overview of performance indicators with a progress rating form;
2. Background information on Ohio’s system;
3. Current and future challenges faced by the system in Ohio, how Ohio has responded to challenges, and Ohio’s vision for the future;
4. How Ohio will monitor progress to include development and tracking of the indicators;
5. Each indicator and presentation of data within the eight key system components of balance; and
6. Summary chart of indicators and policy initiatives.

Indicators will roll out in three phases based on data source availability as follows:

**i. Phase 1 Indicators (baseline established and populated to the webpage in 2010)**

- Indicator #1: Ratio of Medicaid Expenditures on institutional care vs. home and community-based care;
- Indicator #2: Ratio of the number of individuals served in Medicaid funded institutional settings vs. individuals served in home and community based settings;
- Indicator #3: Per member per month Medicaid expenditures (both acute and long-term);
- Indicator #4: Percentage of occupancy of all long term care beds;
- Indicator #5: Accessible and Affordable Housing;
- Indicator #6: Ohioans with Disabilities in the Workforce;
- Indicator #7: Improving Services and Supports for Ohio’s Children; and
- Indicator #8: ODA, ODODD, and ODJFS Waiting List Count.

**ii. Phase 2 Indicators (baseline established and populated to the webpage in 2011 if determined appropriate following additional interagency work)**

- Indicator #9: Planning for the Future;
- Indicator #10: Rate of Underinsured and Uninsured Ohioans;
- Indicator #11: The proportion of participants with opportunity to self direct by program;
- Indicator #12: Satisfaction with services and supports;
- Indicator #13: Health Care Workforce; and
- Indicator #14: Specialized Coordination: TBI, Autism, Co-Occurring DD/MI and MI/Drug and Alcohol Use.

**iii. Phase 3 (Phase 3 indicators are expansions to the Phase 1 and 2 indicators and/or additions based on state profile results) This phase could include:**

- Expand Indicators #1, #2 and #3 to include all public funding sources;
- Expand Indicator #1 to include characteristics of Ohioans residing in pre-determined settings;
- Expand Indicator #7 to include “high-fidelity” metrics for children between birth and 21; and
- Expand Indicator #10 to include other funding sources – of particular interest might be use of private insurance trends.

While the State Profile Tool indicators are designed to be comprehensive in nature, questions remain about how best to use the indicators. We are seeking input from subcommittee members on the following key questions.

Most datasets have been developed using separate indicators for those aging or with physical disabilities and those with developmental disabilities. For example, the AARP report states

*...in 2006, services in nursing homes or ICF/MR accounted for 63% (of spending). However the proportion varied significantly by population. Seventy-five percent of Medicaid LTC spending for older people and adults with physical disabilities paid for institutional services, compared to only 9% for people with MR/DD.” (p. 2)*

Should Ohio create a blended measure of balance or should there be separate measures for different populations?

How should Ohio benchmark its progress? Against all other states? Against the 12 states using a common approach (i.e., the State Profile Tool)? Over time (comparing Ohio against itself)?

If we benchmark against other states, how important is Ohio’s “ranking?” Benchmarking is often reported in this fashion by the media, but often the discussion is reduced to “does Ohio rank 47<sup>th</sup>, 44<sup>th</sup>, or 28<sup>th</sup>” without regard to measure sensitivity or data source

Should Ohio develop a progress “goal” and if so is the goal a proportional measure or should it be relative to other states (i.e., one goal would be to move Ohio to or toward the national average)?

Another important way to look at “balance” is by comparing supply of services and consumer demand. As we move toward a system that relies more on home and community-based services, will we have a sufficient supply of HCBS services?