ULTCS Balance and Funding Subcommittee
May 5, 2010 Meeting Notes

Present

Co-chair Tracy Plouck, OHP
Co-chair Roland Hornbostel
Angie Bergefurd, ODMH
Beverley Laubert, State LTC Ombudsman
Bob Applebaum, Scripps
Charles Demidovich, CCAO
Chris Murray, OANH
Douglas Day, ODADAS
Frank Fleischer, OCAPS
Grace Moran, ODA
Hugh Wirtz, Ohio Council
Jean Thompson, OALA
Jodi Govern, ODH
Kathleen Anderson, OCHCH
Kevin Blade, ODA
Larke Recchie, OAAAA
Mary Butler, SILC
Matt Schueren, OAHP/Molina
Mike Moore, ODA
Missy Craddock, OPRA
Patrick Stephan, DODD
Pete VanRunkle, OHCA
Sarah Riegel, SEIU District 1199
Steve Peishel, OBM
Suzanne Dulaney, OACBHA
Janet Miller, Cerebral Palsy Assn. of Ohio (for OOTF)

Materials/Handouts

Developing a Profile of Ohio's System of Long-Term Services and Supports

Discussion

What Does Balance Mean?

This subcommittee is charged with proposing the definition and balancing goal(s) for the state which will also be included in the Olmstead Plan. We need to align indicators on balance with those in the state profile tool. The April Balance and Funding Subcommittee meeting included discussion about blended or separate goals for Aging and DD systems. DD goals are being handled under the umbrella of the Futures project.

State Profile Tool

Erika Robbins talked about the eight components of balance:

1. Consolidated state agency decision-making and budgeting;
2. Single access point;
3. Institution supply controls;
4. Transition from institutions;
5. Continuum of residential options;
6. HCBS infrastructure development;
7. Participant direction;
8. Quality management.

She demonstrated the *www.balancing.ohio.gov* test website under development through Scripps. Initially, it may tell how poorly the state is doing but is meant to be a tool for change, a "living" website. It is being built as an interagency webpage managed by ODJFS and will include narrative and descriptors to explain the various charts. There was a comment that the pictures used on the website don't reflect the population. Erika agreed to share separate components of the website as they are being built to get input.

Q – Will DD data be in the state profile tool?
A – Yes, with potential for DD data to be broken out as well.

Q – Can the profile tool measure ACFs?
A – Under Indicator #4, ACFs are included along with RCFs and others, in looking at total community capacity.

Q – Why are county homes not counted with all community-based services?
A – That will happen in Phase 3, under the expanding of Indicator #10.

Cross-State Comparisons
Medicaid expenditures via Brian Burwell/Thompson Medstat are being used for the by-state comparison. Frank Fleischer asked about using DSM data for more consistency across states? Erika responded that it is anticipated that there will be a more general state plan (non-waiver) aspect to the data, but for national comparison we are only matching like data.

> *Action Step: Roland Hornbostel agreed to check if DSM routinely collected across states.*

Pete VanRunkle mentioned the importance of recognizing the limitations of the data in the profile, with the infinite variations among the states. Hugh Wirtz cautioned against mixing "apples and oranges" especially since systems have been recently eroded, e.g., ACFs closing.

> *Action Step: Erika Robbins agreed to share another chart that shows greater breakdown of indicators.*

Chris Murray asked about the potential to skew the figures by including the NF rate.

> *Action Step: Roland Hornbostel and Bob Applebaum agreed to talk with Brian Burwell about backing out some NF data from the CMS 64 form.*

Meaningful Measures of Balance
Participants suggested the following meaningful measures of balance:
- Consumer direction (with opportunity to self-direct)
- Measurement by individuals (consumers) rather than by cost
- Expenditures (for the legislature)
- Waiting list, both by individuals and by agencies

Roland remarked that we need to set our own benchmark(s); no one way is perfect, and there are multiple methods, e.g., in five years, achieve a 50/50 balance; lower blended PM/PM cost.

Other Items for Future Discussion
Balanced Incentive Program (BIP)
Behavioral health numbers
Define what we mean by a unified budget and define the next steps to achieve it
Look at statistical measures out there
Definition of balance
Extent of problem when FMAP disappears

> *Action Step: Tracy Plouck and Roland Hornbostel will provide follow-up information requested at previous subcommittee meeting, e.g., franchise fee.*

Meeting adjourned at 3:12 pm.

Developing a Profile of Ohio's System of Long-Term Services and Supports

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 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..

According to the December 2006 "Technical Assistance Guide to assessing a State Long Term Care System" (Thomson Medstat under contract #500-00-0021 with the U.S. Department of Health and Human Services), each state's long-term services and supports system is shaped by factors that are unique to that state, including: the state's demographic makeup (e.g. the percentage of the population over or under age 65), historical service utilization patterns (e.g. proportion of the Medicaid budget spent on long-term services and supports), and its political and organizational structure (e.g., on what level services are administered - county, regional, state; community funding/supports).

Ohio's profile will meet the objectives outlined in the "Technical Assistance Guide to assessing a State Long Term Care System" as noted in the box below.

A state long-term profile can:

- Provide policymakers and stakeholders with a high-level view of the long-term services and supports system, to ensure a common knowledge base;
- Identify opportunities for improved coordination – among long-term services and supports programs and with other health and social services;
- Acknowledge the success that has occurred;
- Identify service gaps; and
- Provide a framework for comparing balancing efforts across states.

ODJFS convened an Interagency Core Team in the Fall of 2008 to begin development of Ohio's profile using the feedback gathered through multiple initiatives (e.g. MFP, Unified Long Term Care Budget, TSIG, Futures) over the last two years. The Core Team includes representatives from the following State Agencies:

- Ohio Department of Job and Family Services (ODJFS)
- Ohio Department of Aging (ODA)
- Ohio Department of MR/DD (ODMR/DD)
- Ohio Department of Mental Health (ODMH)
- Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
- Ohio Department of Health (ODH)
- Ohio Department of Education (ODE)
- Ohio Department of Development (ODOD)
- Ohio Housing Finance Agency (OHFA)
- Rehabilitation Services Commission (RSC)
- Ohio Department of Insurance (ODI)
- Ohio Department of Youth Services (ODYS)
- Ohio Department of Rehabilitation and Corrections (ODRC)
- Executive Medicaid Management Authority (EMMA)

The profile is applicable to Ohioans of all ages using public services to address long term service and support needs and encompasses performance measures across the eight key system components of balancing a long term services and supports system.(see http://www.cms.hhs.gov/NewFreedomInitiative/Downloads/TA_Guide.pdf for background on the eight key system components).

- Public services are defined as services funded through public sources such as Medicaid, other Federal/State Partnerships, State Funded only programs and programs funded through local tax levies.
- Long Term is defined as a chronic or recurring need for services or a need requiring multi-system services and supports.
- Services and Supports include prevention, screening, acute medical care, specialized medical care, housing, personal care, homemaker, equipment, home modifications, employment supports, care management, habilitative and other support services, mental health and alcohol and drug treatment and supports, to name a few.

Ohio's profile will be web-based (http://balancing.ohio.gov/ - currently in a test phase) and will include the following:

- An executive summary of Ohio's current system and an overview of performance indicators with a progress rating form
- Background information on Ohio's system
- Current and future challenges faced by the system in Ohio, how Ohio has responded to challenges, and Ohio's vision for the future
- How Ohio will monitor progress to include development and tracking of the indicators
- Each indicator and presentation of data
- Summary chart of indicators and policy initiatives
- Indicators will roll out in three phases based on data source availability

Phase 1 Indicators (baseline established and populated to the webpage in Summer/Fall 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 expenditure (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
Indicator #8: ODA, DODD, and ODJFS Waiting List Count

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: HealthCare Workforce
Indicator #14: Specialized Coordination: TBI, Autism,. Co-Occurring MR/MI and MI/Drug and Alcohol Use

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 Indicator #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.
Expand Indicator #10 to include other funding sources – of particular interest might be use of private insurance trends.