ULTCS Balance and Funding Subcommittee
June 3, 2010 Meeting Notes

Present

Co-chair Tracy Plouck, OHP
Co-chair Roland Hornbostel, ODA
Angie Bergefurd, ODMH
Beverley Laubert, State LTC Ombudsman
Bill Sundermeyer, AARP
Bob Applebaum, Scripps
Carolyn Knight, DD Council
Chris Murray, OANH
Diane Dietz, OHCA
Douglas Day, ODADAS
Erika Robbins, ODJFS
Frank Fleischer, OCAPS
Grace Moran, ODA
Jean Thompson, OALA
Jodi Govern, ODH
Kathleen Anderson, OCHCH
Kevin Blade, ODA
Larke Recchie, OAAAA
Lynne Lyon, ODMH
Mary Butler, SILC
Matt Schueren, OAHP/Molina
Mike Moore, ODA
Missy Craddock, OPRA
Patrick Stephan, DODD
Rich Browdie, Benj. Rose Institute on Aging
Sarah Riegel, SEIU District 1199
Steve Peishel, OBM
Suzanne Dulaney, OACBHA
Tim Tobin, OLRS

Materials/Handouts

May 5, 2010 ULTCS Balance and Funding Subcommittee Minutes
OHP's Ohio Medicaid & Franchise Permit Fees
OHP's Projected New Revenue from Franchise Fees & Taxes in the SFY 10-11 Biennial Budget
Profile of Ohio's System of LTSS, Performance Indicators, May 2010

Use of Franchise Fees

Tracy Plouck explained the information provided in her two handouts (listed above).
She explained that Medicaid and franchise permit fees are an allowable opportunity to access federal dollars from non-GRF dollars. The current cap (set under the Deficit Reduction Act of 2006) is 5.5% of the patient revenue for the facility. All changes to the rates are negotiated with CMS through a lengthy process. The nursing facility franchise fee started in 1993 with $1.00 for PASSPORT. ICFs/MR have a greater chance of seeing dollars back since most of their clients are Medicaid-eligible.

Tracy Plouck was asked what percentage of the LTC funding was from the franchise fee and to share the change in this percentage over time.

> ***Action Step: Tracy Plouck agreed to provide information (from ODJFS' perspective, not on behalf of sister agencies).***

Breakdown of State Profile Tool (SPT) Indicators

Erika Robbins provided more detail on indicators as a follow-up to the previous meeting. Each indicator has multiple metrics. She clarified that we cannot establish a target without first seeing the trend. Bob Applebaum identified data sources as MedStat (Brian Burwell), AARP and Kaiser.

Comparability (with other states) is one of the parameters. Erika reminded those present that the SPT is evolutionary; it will improve over time. Missy Craddock asked if Level 1 IO waiver data would be included and was told that the plan is to compare it to the whole of Medicaid-funded services. However, non-Medicaid (levy) funds won't be included in the first round.

> ***Action Step: Roland Hornbostel mentioned that 12 other states are funded for SPT and he will check with them to see if they have similar challenges.***

Using SPT to help determine balance needs to be deferred until there is actual data on which to base the establishment of numerical targets. Mary Butler expressed her desire to set the goal at 50/50 split on funding (for institutional-based and home- and community-based settings). Frank Fleischer suggested that perhaps a 50/50 split may be short-sited; the goal could ultimately be higher. Beverley Laubert stated that perhaps our goal should be less about achieving balance and more about shifting to a "consumer preference" state.

Bob Applebaum mentioned that in most states, developmental disabilities care plan costs are three to four times higher. Missy Craddock asked if county level dollars are being included.

Per Erika, the SPT is a quality/progress tool, not a forecasting tool. The goal is a transparent, flexible system through policy changes in multiple areas; it's not just about the money. Each indicator has a different set of questions which calls for a different "cut" of the data.

> ***Action Step: For the July 9th subcommittee meeting Erika Robbins will bring Web page screen shots with some pieces of data loaded for the group to react to.***

Discussion: What is Balance? What do we mean by a unified budget and what are the next steps to achieve it?

Jean Thompson raised an objection to the term "balance" in favor of a "sustainable LTC system." In developing a goal, the concern is providing something more concrete for the Olmstead Plan while not setting an arbitrary goal just to have something in place. Bob Applebaum suggested the group consider whether the goal should be based on funding or on people.

Rich Browdie reminded the group that perhaps the premise is wrong. According to the federal government, institutional placement is an entitlement and home care is a waiver.

Larke Recchie recommended that the subcommittee start by looking at the previously issued recommendations, laid out by priority recommendations by biennium and then look at phases over time.

Tracy Plouck urged subcommittee members to look for action-worthy recommendations that do not cost money, whether large- or small-scale.

> ***Action Step: Subcommittee members were asked to bring to the next meeting those types of recommendation (or missed opportunities) to include in the biennial budget submission.***

Meeting adjourned at 3:02 pm.

Ohio Medicaid & Franchise Permit Fees

ULTCSS Balancing Subcommittee, June 3, 2010

1) Franchise permit fee overview
    a. Financing opportunity
    b. Limits
    c. Broad based assessment
    d. CMS approval

2) Ohio's use of franchise fees
    a. Nursing facilities
    b. ICFs/MR
    c. Medicaid managed care plans (ended 9/30/09)
    d. Hospitals

3) Relationship to overall budget
    a. Impact on GRF need
    b. Federal stimulus

Profile of Ohio's System of Long Term Services and Supports
PERFORMANCE INDICATORS
May 2010

Phase 1 Indicators (baseline established and populated to the webpage between 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 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 DD/MI and MI/Drug and Alcohol Use

Phase 3 (not included in this document – 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.

*Note: Each indicator has multiple metrics. The State Profile will include an executive dashboard with at least one metric from each indicator followed by additional detail. The metric that is expected to be included in the executive dashboard is bolded in the chart below.
**Note: Following the completion of Phase 1 and/or 2 indicators, may want to consider setting performance goals/targets by quarter, SFY, or other (e.g. 95% state wide average occupancy for long term care beds as measured annually , change in ratio toward community at least 3% each year)

PHASE 1 Indicators

Indicator	Purpose **Bolded questions reflect the metric included in the executive dashboard**	Supporting Value Statement(s)	Indicator Description (as needed)	Frequency	Data Source and Data Process	State Agency Impact
Indicator #1: Ratio of Medicaid Expenditures on institutional care vs. home and community-based care.	Question(s) we are trying to answer: 1. **What is the proportion of Ohio's long-term care Medicaid expenditures allocated to institutional care and to home and community based care?** 2. How does Ohio compare to other States? 3. How does Ohio look over time? What we hope to see over time: *A decrease in institutional care and an increase in community care.	1, 2, 6	Institutional Care is a NF and ICF/MR facility as defined in federal law Home and Community Based Care is defined as HCBS waivers, Home Health, PDN, PACE Behavioral Health Compare to national data, when available Include age breakdown as follows: all ages, 0-18, 19-59, 60+ Use averages or a point in time – whatever is consistent with national comparison data	Baseline: SFY 04, 05, 06, 07 and 08 Frequency: Annually thereafter beginning October 2010 updating data to reflect SFY09	Source: DSS (limitation – given that community includes home health, PDN and behavioral health) Managed care data is missing from the DSS and will not be included in the analysis– will need to include data limitation in the presentation of the indicator) Process: ODJFS OHP staff will provide a data file to Scripps who will then analyze the data consistent with the ULTCB approach (Dave Dorsky files) taken in 2008 and will provide back to ODJFS OHP the presentation of the data in a microsoft word format to be uploaded to the webpage. Main Data Contact: : Brooke Trisel, ODJFS ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	ODJFS, DODD, ODA, ODMH, ODADAS
Indicator #2: Ratio of the number of individuals served in Medicaid funded institutional settings vs.	Question(s) we are trying to answer: 1. **What is the proportion of Ohio's long term care consumers served in Medicaid funded institutional**	1 ,6	Institutional Care is a NF and ICF/MR facility as defined in federal law	Baseline: SFY 04, 06, 07 and 08 Frequency: Annually	Source: DSS (limitation – given that community includes home health, PDN and behavioral health	ODJFS, DODD, ODA, ODMH, ODADAS

individuals served in home and community based settings.	**settings versus home and community based settings?** 2. How does Ohio compare to other States? 3. How does Ohio look over time? What we hope to see over time: *A decrease in institutional care and an increase in community care.		Home and Community Based Care is defined as HCBS waivers, Home Health, PDN, PACE, Behavioral Health Compare to national data, when available Include age breakdown as follows: all ages 0-18, 19-59, 60+ Use averages or a point in time – whatever is consistent with national comparison data	thereafter beginning October 2010 updating data to reflect SFY09	Managed care data is missing from the DSS and will not be included in the analysis– will need to include data limitation in the presentation of the indicator) Process: ODJFS OHP staff will provide a data file to the Scripps who will then analyze the data consistent with the ULTCB approach (Dave Dorsky files) taken in 2008 and will provide back to ODJFS OHP the presentation of the data in microsoft word format to be uploaded to the webpage. Main Data Contact:: Dave Dorsky, ODJFS ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	
Indicator #3: Per member per month Medicaid expenditures	Question(s) we are trying to answer: **1. What is the PMPM of individuals utilizing institutional settings versus home and community based settings?** 2. Is there a cost difference to Ohio for home and community based services when compared to the cost of services for institutional settings? 3. Does the PMPM vary by population group? Explore reason for cost differences. 4. Explore possible comparisons with other States.	2, 8	Model after ULTCB analytical reports (both acute and long-term) in the following categories: 1. 60 plus population in PASSPORT and Assisted living 60 plus population in nursing homes 2. PACE participants 3. 19-59 adults with disability (Ohio Home Care, MFP, transitions, Card services for long-	Baseline: SFY07 and 08 into 09 as far as possible Frequency: Quarterly	Source: DSS (use ULTCB format and definitions of acute and long term– will need to include data limitation in the presentation of the indicator as needed and consistent with original reports) Process: ODJFS OHP staff will provide a data file to Scripps who will then analyze the data consistent with the ULTCB approach (Dave Dorsky files) taken in 2008 and will provide back to ODJFS	ODJFS, DODD, ODA, ODMH, ODADAS

	What we hope to see over time: *Cost effective service delivery and data driven forecasting models.		term, NF) 4. MRDD population in HCBS 19 years and older 5. MRDD population in ICF/MR, 19 years and older 6. Other children's programs under 18 years 7. Behavioral Health PMPM = Net Medicaid minus Patient Liability.		OHP the presentation of the data in Microsoft word format to be uploaded to the webpage. Main Data Contact:: Dave Dorsky, ODJFS ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	
Indicator #4: Percentage of occupancy of all long term care beds.	Question(s) we are trying to answer: 1. **What is Ohio's institutional capacity over time?** 2. **What is Ohio's institutional need over time?** 3. **How does Ohio compare to other States – ratio of beds to population?** 4. What is the value of an institutional bed? 5. What is the impact of the inter-county bed relocation and the effectiveness of the bed need formula (for NF's only)? What we hope to see over time: *Bed capacity that matches bed need.	1, 2, 6	Institutional Care is a NF and ICF/MR facility as defined in federal law	Baseline: CY08 ODH data and CY07 SCRIPPS data from bi-annual survey Frequency: Annually thereafter beginning in October 2010	Source: *ODH data compiled from JFS cost reports based on calendar year. *SCRIPPS data compiled from bi-annual survey with next update expected in 2010 for CY09. Process: ODH to provide ODJFS OHP data results from ODH annual analysis. ODJFS OHP to provide the Scripps the data results for presentation. SCRIPPS will take the ODH results, when available, and will produce a presentation within a Microsoft word document to submit back to ODJFS for uploading to the website. Main Data Contact:: Dr. Bryant, ODH ODJFS OHP Webpage	ODJFS, ODH, DODD

					Presentation Contact:: Regena Lige, Erika Robbins	
Indicator #5: Accessible and Affordable Housing	Question(s) we are trying to answer: 1. **What is the % of Ohioans monthly SSI and monthly SSDI compared to the average needed to rent/own a home (e.g. one bedroom unit, studio/efficiency)? What is the percent change in each year?** 2. **How many Ohioans are on a PHA waiting list for rental assistance – general population versus Ohioans with disabilities? Of those on a waiting list, how many received rental assistance at a given point in time?** 3. How much rental assistance is available to Ohioans with disabilities across funding streams (Project-Based Section 8, Section 811, Rural Development, Housing Choice Vouchers, MH rental assistance, DD Project Based, RSS)? What is the percent change? 4. How many Permanent Supportive Housing Projects exist t in Ohio by group (e.g. for DD, for MH, for physical disability, for drug/alcohol, for Ohioans with previous correctional connection)? How many are cross-disability? What is the percent change? 5. How many Ohioans are served in congregate group settings (e.g. RCF's, ACF's, DD licensed homes, RTF's)? 6. How many Ohioans with disabilities are in low income housing tax credit projects? 7. How does Ohio compare to other States in our ability to meet the housing needs of Ohioans with less than 30%	6 8, 9		Baseline: For #1 – CY 04, 06, 08 from TAC Priced Out For #2 – will need to establish baseline via survey for CY 08 For #3 – 08 For #4 – will need to establish baseline For #5 and #6 - CY07 and 08 For #7 – Use CY 04, 06, 08 TAC Priced Out For #8 – CY 07and 08 Frequency: Annually thereafter beginning in October 2010 for CY09	Source: *Annual Plan and Annual Operating Survey (OHFA) *Consolidated Plan (ODOD) *Survey of PHA Waiting Lists (ODJFS) *HUD database (ODJFS) *TAC "Priced Out" Report *Data on ACF's (ODH) *Data on RCF's (SCRIPPS) *Data on DD facilities (DODD) *Data on RTF's (ODMH) Process: Each agency with the data source will provide to ODJFS OHP the results of data analyses. ODJFS OHP will compile and provide the results to Scripps for presentation. SCRIPPS will submit back to ODJFS the final data presentation in a Microsoft word format for uploading to the webpage. Main Data Contact:: Brock Robertson, ODJFS (will work with Blain Brockman and Bill Graves when needed if questions about ODOD and OHFA data and ODJFS interagency liaisons if questions about ODH, ODMH, DODD data) ODJFS OHP Webpage	ODOD, OHFA, ODJFS, ODMH, ODH, DODD

	AMI? 8. How is the state direct HUD funding being used to address the extremely low income population? What we hope to see over time: *A balanced system of care that recognizes the critical need for adequate, affordable, and accessible housing for Ohioans who are elderly or have disabilities. *An increase in rental assistance (state and federal) opportunities to subsidize low in come Ohioans with disabilities to ensure that community living is a viable option. *A decrease in waiting lists for rental assistance *An increase in PSH for all groups of Ohioans. *An increase in the availability of accessible housing.				Presentation Contact:: Regena Lige/Erika Robbins	
Indicator #6: Ohioans with Disabilities in the Workforce	Question(s) we are trying to answer: 1. How many Ohioans are participating in the Medicaid Buy-In program and is participation increasing over time? What is the breakdown of percentage by types of services used (e.g. mental health, drug and alcohol, DD, waiver, PDN, home health)? 2. How many Ohioans are accessing a Disability Program Navigator (DPN) to find employment? **3. How many Ohioans with disabilities, by age, have found and retained competitive jobs? Is there an increase in positive outcomes over time?** 4. What is the average Number of Months for Job Outcomes (to place persons into employment)? Is the average decreasing over time? 5. What is the number and outcomes of Transition Youths?	10		Baseline: CY06, 07, 08 Frequency: Annually thereafter beginning in April 2010 for CY09	Source: *RSC and RSA data *ODJFS data on DPN and MBI – MBI is available in DSS, DPN from (insert source) Process: RSC to provide ODJFS OHP data results from RSC annual analysis. ODJFS OHP to provide the Scripps the RSC data results and the DPN/MBI data results for presentation. SCRIPPS to take data results and produce presentation in Microsoft Word format to submit back to ODJFS for uploading to the website. Main Data Contact:: Carl Sabo, RSC Gwen Ivory, ODJFS	RSC, ODJFS

	6. What is the average Earnings (per hour, per week, numbers of hours worked) compared to national averages for Ohioans with disabilities? By gender? What do we hope to see over time: *An increase in the number of Ohioans with disabilities accessing work supports. *An increase of Ohioans with disabilities in the workforce to include an increase in sustainability as measured by number of months on the job and wages/benefits. *An increase in the number of youth with disabilities transitioning to competitive employment.				Dave Dorsky, ODJFS (DSS) ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	
Indicator #7: Improving Services and Supports for Ohio's Children	Question(s) we are trying to answer: Re: Transition Supports 1. **What is the Status of children who had IEP's one year following exit from high school?** 2. How many young adults are in the BCMH hospital Based Service Coordination System with a "Transition Plan" including the transition into the adult health care system? 3. How many children are transitioning from HMG to schools with an IEP? Re: Ages 0 to 3 4. **What is the timeline for receipt of services (14 required services) for children in HMG?** 5. How well has Ohio spread developmental screening statewide? 6. What is the rate of developmental screening and referral? What we hope to see over time:	1, 6, 8, 10		Baseline: FFY07 Frequency: Annually thereafter beginning in January 2010 for FFY08	Source: *ODE for IEP information *ODH for HMG (in HMG Early Track System) *BCMH information *Dr. Duby/Dr. Lannon data for developmental screening Process: ODE and ODH (for BCMH, HMG and Developmental Screening data) to provide ODJFS OHP data results from annual analysis. ODJFS OHP to provide the Scripps the ODE and ODH data for presentation. SCRIPPS to take data results and produce presentation in a Microsoft word format to submit back to ODJFS OHP for uploading to the website. Main Data Contact:	ODE, ODH, ODJFS

	*Improved outcomes following transition into adulthood. *Improved screening, access and service delivery.				Dr. Bryant, ODH Kara Waldron, ODE ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	
Indicator #8: ODA, DODD and ODJFS Waiting List Count	Question(s) we are trying to answer: **1. What is the demand for community services?** 2. How well is Ohio meeting the demand in proportion to institutional and HCBS utilization? What we hope to see over time: *A decrease in waiting lists for community services.	1, 2, 6	For: 1.) persons served through ODA HCBS waivers 2.) persons served through ODJFS HCBS waivers. 3.) persons served through DODD HCBS waivers	Baseline: CY06, 07 and 08 Frequency: Annually thereafter starting in March 2010 for CY09	Source: *PIMS for ODA waivers *Case Management Database for ODJFS waivers *DODD data for IO and L1 Process: ODA, DODD and ODJFS OHP to provide waiting list data results to the Scripps for presentation. SCRIPPS will submit back to ODJFS OHP the presentation of the data in Microsoft word format for upload to the webpage. Main Data Contact: Becky Phillips, DODD Sheri Jones, ODA Brooke Trisel, ODJFS ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	ODA, DODD, ODJFS

PHASE 2 Indicators

Indicator	Purpose	Supporting Value Statement(s)	Indicator Description (as needed)	Frequency	Data Source and Data Process	State Agency Impact
Indicator #9: Planning for the Future	Question(s) we are trying to answer: **What is the percentage of Long Term Care Insurance, Partnership and Non-Partnership policies?** What we hope to see over time: *More planning for future need as evidenced by the purchase of long term care policies.	5		Baseline: Frequency: Bi-annual beginning??	Source: *ODI data Process: ODI to provide results to ODJFS OHP. ODJFS will provide results for presentation to the Scripps. SCRIPPS will submit back to ODJFS OHP the presentation of the data in Microsoft word format for upload to the webpage. Main Data Contact: Carly Glick, ODI ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	ODI, ODJFS
Indicator #10: Rate of Underinsured and Uninsured Ohioans	Question(s) we are trying to answer: 1. What is the percentage of Uninsured Ohioans and Underinsured Ohioans? 2. How many Ohioans receive Medicare Premium Assistance through Medicaid – elderly and disabled? What we hope to see over time: *Fewer underinsured and uninsured Ohioans. *Greater access to Medicare benefits when eligible.	5			Source: *Ohio Family Health Survey or Current Population Survey * DSS (Medicare Premium Assistance) Process: Main Data Contact: ODJFS OHP Webpage Presentation Contact::	

Indicator #11: The proportion of participants with opportunity to self direct by program.	Question(s) we are trying to answer: 1. Is Ohio increasing self direction opportunities and by what methods? 2. How many Ohioans are participating in the Choices HCBS Waiver Program? 3. How many Independent Providers are in the ODJFS and DODD systems (HCBS waiver "personal care" and nursing services)? 4. How many non-waiver Medicaid recipients are utilizing independent providers? What we hope to see over time: *An increase in self-directed options to include use of independent providers and budget/employer authority.	7	Measure range of self-direction to include those with employer control and budget control (Choices) as well as those with greater choice of provider due to independent provider option (ODJFS and DODD administered waivers).	Baseline: SFY 06, 07 and 08 Frequency: Annually thereafter beginning in October 2010 for SFY09	Source: *DSS *PIMS (ODA) *Case Management Database (ODJFS) *MBS (DODD) Process: ODA and DODD to provide results to ODJFS OHP. ODJFS OHP will pull together various data sources and provide results to the Scripps (SCRIPPS) for presentation. SCRIPPS will develop the presentation of the data and submit back to ODJFS OHP for uploading to the webpage. Main Data Contact: 2<insert contact>, DODD <insert contact>, ODA Brooke Trisel, ODJFS ODJFS OHP Webpage Presentation Contact:: Regena Lige/Erika Robbins	DODD, ODA, ODJFS
Indicator #12: Satisfaction with services and supports	Question(s) we are trying to answer: 1. How satisfied are Ohioans with services and supports (access, case management, services, workforce, housing, etc) across settings? 2. How does satisfaction vary by group of Ohioans (elderly, DD, Mental Health, Drug and Alcohol, Physical Disability, children versus Adults)? 3. How does satisfaction vary by provider type? By housing type? By case management entity? What we hope to see over time:	3	This data will vary across settings. Include nursing homes, assisted living, PASSPORT, Ohio Home Care, MRDD waivers, MFP, Mental Health, Drug and Alcohol, Services to Children). For HCBS waivers, ODJFS will have data	Baseline: Frequency:	Source: Process:	DODD, ODMH, ODADAS, ODA, ODJFS, ODH

	*Increase satisfaction across all groups, provider types, case management, housing etceteras.		through a new system of ongoing review that uses questions from the PES – will provide ongoing standardized data across waiver settings. Ongoing Review scheduled to begin in July 2009 so a data source for a standardized review will be available in SFY11.			
Indicator #13: HealthCare Workforce	Question(s) we are trying to answer: 1. What is Ohio's current capacity for medical and social supports (physicians, nurses, dentists, OT, PT, ST, Psychology, mental health and drug and alcohol professionals, direct support professionals)? 2. What gaps exists and how well are policy initiatives (e.g. work with BOR, career lattice/ladder) helping to improve capacity? 3. What is the current training and quality of Ohio's workforce? 4. How well have Ohio policy initiatives improved training and quality? 5. How well have Ohio policy initiatives improved wages and benefits? 6. How does Ohio compare to national trends? What we hope to see over time: *An increase in health workers in "shortage" areas. *An increase in trained and qualified workers across all types. *A decrease in turnover. *An increase in quality. *An increase in wages/benefits as evidence of sustainability.	6, 10, 11	Ohio's movement toward a balanced system can only occur with an adequate supply of quality healthcare workers (professional and para-professional) in community settings. Measure the health of Ohio's healthcare workforce over time. Output versus projected openings Turnover Rates Wages and Benefits	Baseline: Frequency:	Source: *ODJFS BLS data Process:	ODJFS, DODD, ODMH, ODADAS, ODA, BOR, ODH, ODOD, RSC

Indicator #14: Specialized Coordination: TBI, Autism,. Co-Occurring MR/MI and MI/Drug and Alcohol Use	Question(s) we are trying to answer: 1. What is the ratio of Ohioans with TBI to general population, Ohio and national trends? 2. What is the ratio of Ohioans with Autism to the general population, Ohio and national trends. 3. What is the number of Individuals with co-occurring DD/MI and MI/Drug and Alcohol Use? 4. How well is coordination across state agency programs working to meet the needs of persons with TBI, autism, and co-occurring DD/MI and MI/Drug and Alcohol Use? 5. How many people are served by local teams? What we hope to see over time: *Improved coordination and effective service delivery.	8		Baseline: Frequency:	Source: Process:	DODD, ODMH, ODADAS, RSC, ODJFS, ODA, ODH, ODE

Profile of Ohio's System of Long Term Services and Supports
VISION/VALUES

Vision Statement

Ohioans who need long-term services and supports . . .
Get services and supports they need in a timely and cost-effective manner
In settings they want from whom they want,
And if needs change, services and supports change accordingly.

Value Statements

Ohio's system of long term services and supports……..
1. … values choice in services, supports, and settings.
2. … allocates resources based on consumer choice between facility-based and home and community-based services.
3. … results in a higher quality of life.
4. … values the role of the family in the provision of care.
5. … educates and encourages all Ohioans to plan ahead for future service and support needs and make informed decisions about their options.
6. … supports the U.S. Supreme Court's 1999 Olmstead decision that is a catalyst for people with disabilities to have increased choice and integration into the community, however each person defines his/her community.
7. … values self-direction including having the "dignity of risk."
8. … results in seamless access to, and administration of, services that are cost-efficient and responsive to needs.
9. … recognizes the vital role of housing and ensures the availability of affordable and accessible housing for Ohioans who are elderly and/or have disabilities.
10. … ensures that Ohioans who are elderly and/or have disabilities receive services and supports that enable them to be vital and productive.
11. … supports the recruitment and retention of qualified health care and direct support professionals who assist Ohioans who are elderly and/or have disabilities to live independently and with dignity in the community.

PROJECTED NEW REVENUE FROM FRANCHISE FEES AND TAXES IN THE SFY10-11 BIENNIAL BUDGET

The SFY 10/11 biennial budget increased existing and instituted new franchise fees and taxes on several categories of Medicaid providers. This approach is allowing the state to fund a greater portion of Medicaid expenses through the use of non-GRF Medicaid funds. These funds are also being leveraged by using enhanced federal reimbursement amounts (eFMAP) as a result of the federal stimulus. The result is a decreased reliance on GRF for the Medicaid program which has helped support Ohio's SFY 10/11 budget during this economic downturn.

	FEE TYPE	NEW AMOUNT/PERCENT	NET REVENUE TO THE STATE*
1	NF Franchise Fee	$11.95 per bed per day (max amount allowed by federal law)	SFY10: $120,654,950 SFY11: $162,091,643
2	ICF-MR Franchise Fee	SFY10: $14.75 per bed per day SFY11: $13.55 per bed per day	SFY10: $3,020,760 SFY11: $2,332,186
3	Hospital Franchise Fee	SFY10: 1.52% of adjusted total facility costs SFY11: 1.61% of adjusted total facility costs	SFY10: $258,991,119 SFY11: $257,969,043
4	Medicaid managed Care Replacement Tax (not a franchise fee; rather, tax code change)	HIC tax 1.0% sales tax: 6.8%	SFY10: $86,054,312 SFY11: $140,799,254

* Excludes rate increases to providers