

**ULTCS Balance and Funding Subcommittee
July 9, 2010 Meeting Notes**

PRESENT

Co-chair Tracy Plouck, OHP	Grace Moran, ODA
Co-chair Roland Hornbostel, ODA	Jean Thompson, OALA
John Alfano, AOPHA	Jodi Govern, ODH
Loren Anthes, JFS	Karla Warren, ODA
Beverley Laubert, State LTC Ombudsman	Kathleen Anderson, OCHCH
Jane Taylor, AARP	Larke Recchie, OAAAA
Joan Lawrence, AARP	Mary Butler, SILC
Carolyn Knight, DD Council	Missy Craddock, OPRA
Christina O'Neal for Chris Murray, OANH	Rich Browdie, Benj. Rose Institute on Aging
Pete Van Runkle, OHCA	Sarah Riegel, SEIU District 1199
Douglas Day, ODADAS	Steve Peishel, OBM
Frank Fleischer, OCAPS	Tim Tobin, OLRS

MATERIALS/HANDOUTS

Balance and Funding Subcommittee Recommendations for July 9, 2010 Meeting

RECOMMENDATIONS DISCUSSION

Roland Hornbostel and Tracy Plouck opened the meeting by distributing the recommendations submitted for consideration. The group then offered discussion on the list of recommendation submitted:

1. **Establish a benchmark for moving Ohio's balance between nursing facilities and HCBS from 59%/41% consumers to 50%/50% in the next 3 years (aging/disabled population) and include the benchmark in the Olmstead Plan.** *(O4A and AARP, accord Applebaum)*
 - Recommendation from O4A is counting consumers; while the AARP recommendation specified funding spent. Tracy offered the potential for three paths of measurement: dollars spent, people served and/or measured progress (through State Profile Tool).
 - Per Roland, we must be clear about what we are counting. If we count the funding for elder population and those with physical disabilities the comparison is 74%/26%; if we count the funding for elder population, those with physical disabilities and those with developmental disabilities, the comparison is 64%/36%. If we count consumers age 60+, the ratio is 59%/41%; if we count consumers including the under 60 population, the ratio is 58%/42%.
 - It was generally agreed that it would be difficult to compare Ohio to another state for an apples-to-apples comparison.
2. **Apply the expanded Home First (HB 398) concepts of imminent risk of NF placement to all of the HCBS waivers to prevent individuals from entering nursing homes unnecessarily.** *(O4A and AARP)*
 - *It was pointed out that presumptive eligibility may need a law change to implement more broadly.*
3. **Allow individuals with mental illness who are inappropriately placed in nursing facilities to transition to community settings and for NF funds to follow them for community mental health services.** *(O4A and AARP)*

- (Applebaum – maybe a limited pilot – mine data to pick consumers with a primary diagnosis of a behavioral health (BH) problem who have less than 2 ADL impairments. Give the funds to a community BH provider who can either continue to pay for the consumer’s institutional stay or can use the funds to provide community services – similar to the community mental health act in the late 80s).
 - Mary Butler vociferously protested the use of “allow” over the choice of an individual in our recommendations and chided others for thinking in terms of statistics, numbers, and beds, rather than people and ensuring their right to choose to stay in their homes if they are able. She urged everyone to follow the precedent set in the Olmstead decision to “make the change” that every person deserves of choice. Mary was asked for specific recommendations for language changes to align better with choice.
 - Tracy Plouck reminded the group that Medicaid does not pay for room and board reimbursement in the community. A suggestion was made about transferring state share from line 525 to facilitate, or perhaps even two transfers: one for services with match and one for housing without match.
 - Jean Thompson suggested a broadening of the MFP guidelines to the individual’s care choice or to implement similar to cash and counseling. Joan Lawrence asked about broadening to include people *at risk of* NF placement.
4. **Utilize Long-Term Care Consultations (assessors) from AAAs in hospitals, nursing facilities, and health care clinics with concentrated Medicaid chronic disease patients. This will prevent unnecessary nursing home placement. (O4A and AARP)**
- Note: Recommendation was forwarded to be dealt with by Integration & Care Management Subcommittee*
5. **Expand evidenced based disease self management programs to prevent or mitigate an increased need for long-term services and supports. (O4A and AARP)**
- Note: Recommendation was forwarded to be dealt with by Integration & Care Management Subcommittee*
6. **Expand the role of AAAs as Aging and Disability Resource Centers (or Networks). (O4A and AARP)**
- One participant urged that this recommendation be supported to bring the disability community and aging network together more effectively.
7. **Consider incentives for nursing homes to convert beds to assisted living or other HCBS options. (O4A and AARP)**
8. **Create an equitable, sustainable funding source across all providers where contribution levels are equated to expenditure levels and adjust accordingly. (OANH)**
- Note: Discussion tabled for representation from OANH.*
9. **Create a prioritization policy that ensures available resources go to individuals with the greatest needs first. (OANH)**
- Note: Discussion tabled for representation from OANH.*

10. **Develop uniform monitoring and reporting (e.g. quarterly assessments) across all systems and settings to be able to better disenroll individuals if their needs change and they fall down the priority list. (OANH)**

Note: *Discussion tabled for representation from OANH.*

11. **Develop policies and programs that encourage the development and use of local resources for Medicaid eligible individuals (via federal match) for HCBS. (OANH)**

Note: *Discussion tabled for representation from OANH.*

12. **Develop policies that ensure local non-Medicaid services are not available to individuals and that Medicaid is the last available resource for each service provided. (OANH)**

Note: *Discussion tabled for representation from OANH.*

13. ***Need for presumptive eligibility to allow expedited access to the waiver for those currently living in Assisted Living but running out of money. Expedited access to the Assisted Living waiver is needed for those currently living in Assisted Living, but running out of money. Individuals can be forced to move to a more expensive setting while waiting for Medicaid approval (lag time up to 4-5 months). Since the level of care disability eligibility determination is made by the Area Agency on Aging, the delay appears to be with the financial eligibility determination at the County Department of Jobs and Family Services (and this time frame seems to vary between counties). The timeliness of this decision is critical, since it is a “waiver” program. Under the waiver program, the Assisted Living facility is not reimbursed retrospectively for any time prior to the date of enrollment (even if the date the individual was eligible precedes the date that they were approved & enrolled. *Presumptive eligibility* is needed. This has been successfully implemented in other waiver programs (PASSPORT). (OALA)***

Note: *Recommendation was forwarded to be dealt with by Eligibility Subcommittee*

- Jean Thompson explained that presumptive eligibility doesn't allow retroactive payment – only to the date of determination, not to the date of eligibility. Roland explained that PASSPORT does this because ODA bears the financial risk and has since 1984. The risk is reduced through an assets and income screen applied to help make the judgment call.
- Roland Hornbostel reminded those present that Assisted Living offers higher exposure to risk because the payment is higher and one-third of those on PASSPORT have no money.

14. ***Need for access to Assisted Living for Medicaid eligible individuals not currently in a nursing home or on another waiver program. Access to the Assisted Living waiver is now limited to those currently in a nursing home or other waiver programs. This prevents appropriate placement for other Medicaid eligible individuals into Assisted Living (which could prevent unnecessary nursing home placement). A change in the law is needed to allow access to this part of the continuum as appropriate, with the potential to increase quality of life and decrease overall system costs. OAC 5101:3-33-03 (B)(3). (OALA)***

Note: *Recommendation was forwarded to be dealt with by Eligibility Subcommittee*

- Jean Thompson urged broadening of the Assisted Living option for those at risk of NF placement for more open eligibility.
- Tracy Plouck commented that CMS is receptive to Ohio as a test location around eligibility as part of its information gathering.

15. **By June 30, 2013, Ohio should show significant progress toward additional home & community opportunities in at least six of the eight areas of the State Profile Tool, using the SPT to measure that progress. Specific areas & goals will be determined during the course of the FY 12/13 biennial budget process. (amended by OHP)**

- For reference Phase 1 of the State Profile Tool consists of eight measures:
 1. Ratio of Medicaid expenditures on institutional vs. HCBS care
 2. Ratio of number of individuals served in Medicaid-funded institutional vs. HCBS settings.
 3. Per member/per month Medicaid expenditure.
 4. Percentage of occupancy of all LTC beds.
 5. Accessible and affordable housing.
 6. Ohioans with disabilities in the workforce.
 7. Improving services and supports for Ohio's children.
 8. ODA/DODD/JFS waiting list count.
- OHCA raised objections to including SPT measure #4, stating that occupancy may not be relevant. Others suggested that the aim of SPT #4 is to compare capacity vs. need over time. This led to extensive conversation about NF capacity vs. occupancy. It was generally agreed that SPT #4 may be more informational than benchmarking in nature.
- Frank Fleischer suggested the need to look at length of stay, and therefore, focus more on consumers (in determining balance) than on capacity.
- It was suggested that #15 could be a more comprehensive goal that could accomplish some of the other recommendations as subcomponents or secondary recommendations.

16. **Beginning October 1, 2010 and extending through June 30, 2013, individuals & associations represented on the ULTCB Balance & Funding Committee should commit an appropriate level of in-kind support toward an informal team to identify and pursue grant opportunities for housing and related supports for individuals with severe & persistent mental illness who would like to live in the community in the event that sufficient supports are available. Partnerships with other entities could be developed as appropriate. This work should proceed regardless of whether any additional state support is made available via an operating or capital budget, with the goal of assisting to transition at least ___ people per year. (OHP)**

- Tracy explained this recommendation as one that doesn't depend on budget and one that is more grassroots in nature. (The results would not be contingent on the biennial budget appropriation.) An informal team would be charged to seek philanthropic grants for opportunities for housing for people with mental illness. Rich Browdie volunteered to help and suggested the ADAMH Board be included. Doug Day also volunteered.

17. **Improve the wages and benefits of the direct care employees serving our LTC consumers. (AARP)**

Note: *Recommendation may be better addressed by Workforce Subcommittee.*

18. **Develop and implement an improved quality of care system which correlates the quality of care provided consumers directly to the reimbursements the provider receives. (AARP)**

- Jane Taylor asked that quality not be forgotten in the discussions, both from the family perspective and from the consumer perspective.
- Beverley Laubert suggested that the group re-examine the quality recommendations from the ULTCS report.

ADDITIONAL RECOMMENDATIONS

The group was asked if there were any oral additions to the items submitted. Rich Browdie offered one, citing the Milwaukee, Wisconsin family care model as an example:

19. **Explore partial and selective capitation mechanisms for non-institutional based services.**

FINAL REMARKS

Any additional recommendations to come through this subcommittee are to be forwarded to Mary Inbody. The committee chairs will take forward those ideas with wide consensus, and a summary of those ideas agreed to will be forwarded to subcommittee members.

NEXT MEETINGS

July 20 - The subcommittee opted to hold an additional meeting on July 20, 2010 in order to finalize its draft recommendations to present to the August 2nd ULTCS Stakeholder Workgroup. The meeting will be held at ODJFS and a bridge line will be secured for those unable to travel to Columbus for the meeting.

August 2nd - At the August 2nd subcommittee meeting, Erika Robbins, Robert Applebaum and Shahla Mehdizeh will be presenting a sample of the State Profile Tool where the data work is already done.

Meeting adjourned at 2:55 pm.