

**Unified Long Term Care System (ULTCS) Workgroup
Minutes
August 2, 2010**

MEMBERS PRESENT

Barbara E. Riley, Ohio Department of Aging, Chair
Bob Applebaum, Scripps at Miami University
Susan Ackerman, Center for Community Solutions
Kathleen Anderson, Ohio Council for Home Care & Hospice
Mary Butler, Ohio Statewide Independent Living Council
Andrew Capehart, Adult Protective Services
Judy Chavis, American Association of Service Coordinators
Mark Davis, Ohio Provider Resource Association
Chuck Demidovich, County Commissioners Association of Ohio
Nilu Ekanayake (for Douglas Day), Ohio Department of Alcohol & Drug Addiction Services
Bridget Gargan, Ohio Hospital Association
Janet Grant, Ohio Association of Health Plans
Jodi Govern (for Rebecca Maust), Ohio Department of Health
Roland Hornbostel, Ohio Department of Aging
Carolyn Knight, Ohio Developmental Disabilities Council
Christine Kozobarich (for Becky Williams), SEIU 1199
Beverley Laubert, State of Ohio Ombudsman
Peggy Lehner, Ohio House of Representatives
Amy McGee, Executive Medicaid Management Administration
Stephen Moore, Rehabilitation Services Commission
Christopher Murray, Ohio Academy of Nursing Homes
Steve Peishel, Office of Budget and Management
Tracy Plouck, ODJFS/Ohio Health Plans
Joe Ruby, Ohio Association of Area Agencies on Aging
Bill Sundermeyer, AARP Ohio
Jean Thompson, Ohio Assisted Living Association
Pete VanRunkle, Ohio Health Care Association

HANDOUTS

8/2/10 Agenda
Update on ULTCS Eligibility Subcommittee Handout
Eligibility Subcommittee PowerPoint Recommendations
Workforce Subcommittee Recommendations Handout
Workforce Subcommittee PowerPoint Recommendations
Excerpt of Workforce HRSA Grant Application for Home Care Aid Training
Integration & Care Management Subcommittee Recommendations handout
Integration & Care Management PowerPoint Recommendations

WELCOME AND OPENING REMARKS

Barbara Riley opened the plenary meeting at 12:10 pm and called for introduction of ULTCS Workgroup members present.

Stakeholder/Public Comment

N/A

UPDATE ON SUBCOMMITTEES

Roland Hornbostel reported on the progress of the Balance and Funding Subcommittee. In today's subcommittee meeting, members will be given a first look at the data populating the first two state profile tool indicators (% of dollars allocated to HCBS and % of people in HCBS settings). The subcommittee will then move toward providing greater specificity to its recommendations. The subcommittee will probably have 9 or 10 recommendations ultimately.

Julie Evers reported on the progress of the Service Array Subcommittee. She anticipates recommendations in the areas of transportation, service coordination, telehealth, and consumer direction.

TELEHEALTH PRESENTATION

Kathleen Anderson introduced Mike Vallee, President of Ohio Valley Home Health in Gallipolis, who made a presentation demonstrating the role of telehealth.

A video created by Centura Health at Home, Inc. of Colorado on "Telehealth Solutions for Monitoring Chronic Disease" was shown to stakeholders and policymakers to provide an understanding of how a telehealth visit works. Colorado was one of the first states to adopt laws allowing Medicaid reimbursement of a home health telehealth visit.

Mr. Vallee followed up the video by sharing his agency's experience with telehealth services for the past three years. Through utilization of telehealth visits his agency has improved patient outcomes by preventing emergency room visits and hospitalizations, has increased patient access to care, and has improved the cost efficient use of clinic resources without increasing nursing staff.

Follow up questions were answered on:

- Level of training (RNs with triage training)
- System used (Ohio Valley Home Health uses Honeywell Home Medical System with computerized monitor to save on nurse time and allow additional questions to be added to the program.)
- Staffing efficiencies (Increase in patient population without increase in number of nursing staff, without a decrease in direct care staff.)
- Machine cost (\$3000 – 5000 each, of which \$150,000 was a distance learning and telemedicine grant from the Department of Agriculture.)
- Billing success (set amount of cost for Medicare, but no reimbursement for Medicaid.)
- Cost comparison: Telehealth is almost non-existent cost compared to a nurse visit, and the triage nurse can review multiple patients' results much more quickly. For a fully trained triage nurse, there is an approximate \$10 – 15 cost, compared to \$119-120 for a face-to-face visit.

SUBCOMMITTEE DRAFT RECOMMENDATIONS

Director Riley spoke about the need to be inclusive in the crafting of the recommendations of the disabilities conditions requiring long-term services and support, and relayed that she has begun individual conversations with key representatives of the disability community. She is seeking to gain their perspective on what the ULTCS efforts should focus on for those with physical disabilities, and more generally, to brainstorm how the disabilities and aging networks can work together more effectively. Serving those with disabilities has always been a part of the ODA charge, but that has recently gained momentum with such events as the ADA 20th anniversary celebration, the updating of the Olmstead plan and the NASUAD name

change, in addition to the ongoing work of the ULTCS Stakeholders Workgroup to involve the disability community. Director Riley welcomed input on other key stakeholders to speak with. She shared an epiphany she experienced in these conversations that she should stop talking in terms of age but instead talk in terms of functionality and service need, e.g., transportation need, and always with a commitment to the consumer.

Director Riley set the context for the draft recommendations by reiterating her comments from the previous meeting. She reminded the group that they need to be both visionary and aspirational. For the short term, they need to be practical and look more toward recommendations that are cost neutral for the upcoming biennial budget. For the long-term the recommendations will help determine the direction for ULTCS over the next three to five years.

Eligibility Draft Recommendations

Rick Tully shared a PowerPoint overview of three draft recommendations from his subcommittee and noted that the subcommittee is moving forward with pre-implementation in anticipation of a favorable response from the ULTCS Stakeholder Workgroup. The three recommendations are:

- ***Eliminate Face to Face Interview Requirement for Initial Applications for Aged, Blind, and Disabled (ABD) Medicaid Benefits.***
- ***Allow certain judgments to offset patient liability.*** (These changes are likely not allowable given federal requirements, but Sandra Park of ODJFS is consulting with other similarly situated states to verify this.)
- ***Increase the personal needs allowance (PNA) across settings and programs.*** (In its current form this recommendation is likely not viable because of budget constraints, but the group is considering a set of recommendations that addresses related concerns:
 - Assuring lowest possible fees on PNA accounts;
 - Increasing oversight of PNA account management;
 - Disregarding of cash gifts up to the PNA maximum value;
 - Adjusting resource limits to the Consumer Price Index;
 - Identifying if the cost of a requested service item is less than the “comparable cost” item supplied by the facility.

Comments:

Jean Thompson asked was about whether the examination of Medicaid eligibility was addressed as a gateway to other types of eligibility in order to help decrease NF placement. Rick explained that his group built upon the issues raised from the previous ULTCS report and settled on Medicaid as a logical starting point. Pete VanRunkle suggested that the subcommittee look at program eligibility across a broader spectrum and expand the scope of the current subcommittee.

Workforce Subcommittee Draft Recommendations

Tiffany Dixon and Erika Robbins put the issue into perspective by reminding the group that some have been working on this same topic for thirty years. Erika talked about the University Consortium formed as part of the \$750,000 grant that JFS recently applied for to develop home care aid training. In this manner JFS is working to create a viable workforce model and then funnel dollars to pilot what the roundtables have arrived at.

Workforce recommendations center on three key initiatives:

- **State should create a Direct Service Workforce Consortium.** This overarching group will be comprised of both public and private representation.
- **State should utilize the Consortium to develop a multifaceted communications strategy to help connect system stakeholders to resources, programs and data, and to link direct service workers with potential long-term care service and support provider employers.**
- **State should develop stackable long-term care certificates within Ohio's Health and Human Service Lattice.**

Comments:

Mark Davis expressed concern about stackable certificates as an additional expense for the higher level of expertise. Tiffany assured him the subcommittee would look at recognizing what exists as well.

Rep. Lehner expressed the need for the University Consortium to be more robust in seeking representation from two-year colleges, technical colleges, community colleges, etc. Several expressed a strong belief that delivery service people need to be represented, and not just academicians.

Integration & Care Management Draft Recommendations

Marc Molea presented a brief overview of the 14 recommendations to be brought forth from his subcommittee. They center around four areas: dual eligibility, LTC medical, identification of shared consumers and behavioral health. These recommendations are as follows:

1. Integrate the Medicaid acute benefit in dual Special Needs Plans (SNPs)
2. Provide care coordination of the acute benefit for waiver participants
3. Outreach to duals on SNP option
4. Identify existing forums to discuss issues/ opportunities related to dual eligible integration
5. Provide education so program benefits are used to the fullest extent
6. Deploy PASSPORT Long-Term Care Consultants in hospitals
7. Implement evidence-based health coaching programs (e.g., Care Transitions Program)
8. Deploy resources in primary care to support patient access to available community-based programs and supports
9. Coordinate care planning for common members of Health Plans & AAA services
10. Include Long-Term Care/AAA representation in the IMPROVE and StAAR and Enhanced Primary Care Home initiatives
11. Expand and sustain evidence-based disease self-management programs
 - Identify physical activity interventions
 - Target persons with severe and persistent mental illness, and alcohol and drug addictions
12. Expand access through Aging and Disability Resource Centers
13. Identify shared consumers/members and provide long term tools (e.g., health information technology) and short term education (e.g., confidentiality requirements) to support coordination
14. Use evidence-based behavioral health screening tools and self-management interventions (e.g., Healthy IDEAS, Motivational Interviewing) at transition points

Comments:

Pete VanRunkle asked for statistics related to recommendation # 6, including data on intervention and tracking.

Bob Applebaum explained the nursing home diversion and transition evaluation.

Pete further expressed concern that hospital discharge triage is working properly and

Beverley Laubert echoed her concerns about ensuring quality of care.

Barbara Riley expressed the need to capture recommendations in ways that complement one another.

Jean Thompson asked if discharge planning can include other option if the patient doesn't need a skilled nursing facility. To this Jeff Lycan added his belief in the need to educate discharge planners.

For all three sets of draft recommendations, Barbara Riley encouraged Stakeholder Workgroup members to communicate comments through subcommittee chairs or through Mary Inbody.

Next Steps/Next Meeting – September 7, 2010

The September 7th meeting will be dedicated to a formal presentation of short-term recommendations from each of the subcommittees and may run longer than the normal ninety minutes.

Plenary Adjournment

Meeting adjourned at 2:03 pm at which time subcommittees convened their meetings.