

ULTCS BALANCE AND FUNDING SUBCOMMITTEE
August 31, 2010 Meeting Notes

PRESENT

Co-chair Roland Hornbostel, ODA
Co-chair Tracy Plouck, ODJFS/OHP

John Alfano, AOPHA

Loren Anthes, JFS

Bob Applebaum, Scripps (by phone)

Kevin Blade, ODA

Rich Browdie, Benjamin Rose Institute on Aging

Mary Butler, OSILC

Doug Day, ODADAS

Chuck Demidovich, CCAO

Suzanne Dulaney, OACBHA

Julie Evers, JFS

Frank Fleischer, OCAPS

Jodi Govern, ODH

Bethany Hathaway, OCHCH

Robin Harris, Governor's Office

Barry Jamieson, OSU

Bev Johnson, Cerebral Palsy Association of Ohio
Carolyn Knight, DD Council

Beverly Laubert, State LTC Ombudsman

Mike Luers, ODA

Jeff Lycan, OHPCO

Lynne Lyon, ODMH

Mike Moore, ODA

Grace Moran, ODA

Chris Murray, OANH

Steve Peishel, OBM

Larke Recchie, OAAAA

Sara Riegel, SEIU #1199 (by phone)

Bill Sundermeyer, AARP

Jean Thompson, OALA

Tim Tobin, OLRS

Pete Van Runkle, OHCA

MATERIALS/HANDOUTS

Scripps' Background Issues in Setting Balance Goals

Recommendation #2 Revised

Recommendation #8 Revised

Recommendations Status Sheet Updated 8/30/01

INTRODUCTIONS

Roland Hornbostel called for introductions. He then set the expectations for the meeting as reaching consensus on the short term recommendations for the September 7th Stakeholders Workgroup. He explained that recommendations from all subcommittees would be heard on that day, but that the voting on recommendations would occur at the October meeting which has been moved to October 21st at RSC.

BALANCE (#1 and #15)

Bobby Applebaum had been charged at the previous meeting with drafting an outline of some structure for the balance recommendation. (See Scripps handout.) He suggested three options: 1) no recommendation; 2) general recommendation for access to LTSS in the setting of their choice, and 3) specific measurement of percentage of people or dollars dedicated to institutional vs. home- and community-based services. He urged that the DD population should be separated for benchmarks, and suggested that the over 60 and under 60 populations be delineated as well. He stated that an across-the-board improvement recommendation (#16) lacks merit without the data available on all SPT indicators at this time.

Bill Sundermeyer's concern over option #2 was that it doesn't guarantee incremental progress since there is no measurement included. Roland responded that any goal we set should be an interim goal that, once met, should be reset as a new goal. Larke Recchie acknowledged the multi-faceted issue of balance but urged the group to aim for a visible goal toward reduction of LTC costs. Pete VanRunkle offered that we must commit to demonstrating progress so if Option #2 is selected, we need to add more specific bullets, e.g., no waiting list for specific programs.

Chris Murray's concern with option #3 was whether it was merely a tracking mechanism or would impact policy. Tracy Plouck responded that the policy direction of the prior two administrations has been toward increased consumer choice, and that the state could not make arbitrary policy and funding decisions; regardless, any recommendation must be based on this budget environment and the direction this group believes ULTCS should head.

John Alfano stated and Pete VanRunkle echoed that we should be tracking the person and not funding; the dollars don't depict the real goal of assuring access to services and supports needed. Frank Fleischer also suggested that people would be a better indicator since dollars are retrospective. Rich Browdie offered that while people are ultimately more important, it is also necessary to track the dollars.

Lynne Lyon described balance as more of a measure, where other recommendations are action items. Roland added that the balance goal is one of 20 or 30 initial recommendations by subcommittees that in totality may help move Ohio toward balance.

Bill Sundermeyer wanted to make sure which recommendations were considered administrative for more immediate implementation, compared to those that may be legislatively delayed, reiterating his desire for steady, measurable progress in the biennium.

In response to Rich Browdie's suggestion to work toward moving Ohio to the national average, Bobby Applebaum was asked: Can we ever get Ohio to the national average, based on state characteristics, and how long it would take to get there? Bobby answered affirmatively and suggested that the numbers were not as far off in measuring people, as opposed to funding, since nursing facilities have a much higher reimbursement rate. His reservation was in the lack of uniformity in comparing Ohio to other states, especially for measurement of people, rather than dollars. Tracy Plouck expressed a preference toward keeping the goal straight forward, sticking to Ohio numbers, and having the balance goal as part of an overall package of recommendations.

Consensus was ultimately reached on:

- The need to set an overarching goal.
- The need to make some measurable, incremental progress (in the biennium) as an intermediate target.
- The need to focus on people, rather than funding.
- The infeasibility of comparison with other states, especially measured on individuals.

Action Step: Roland agreed to send out a written version on September 1st to allow subcommittee members to voice any strong objections for the recommendation prior to the September 7th presentation.

EXPAND HOME FIRST (#2)

Larke Recchie provided an overview of the recommendation to expand Home First to Ohio Home Care waiver (see handout). It was explained that this recommendation would mean prioritizing, but would not need transfer across line items. Instead it would necessitate a change in the request in numbers to CMS.

General consensus was reached on the recommendation.

Action Step: Any wordsmithing concerns or suggestions should be forwarded to Mary Inbody for relaying to Larke Recchie.

MH TRANSITION PILOT (#3)

This recommendation is for nursing home transition. Tracy suggested crafting language to look at opportunities in the new budget through an amount not to exceed ____ from the nursing home line item transfer to the community line to provide ancillary support services to those who meet predetermined qualifications, e.g., Medicaid-eligible.

Doug Day expressed concern around failure to address prevalence of co-occurring issues in SMDI population, suggesting that the pilot should be broader than Medicaid-covered services, e.g., family counseling.

General consensus was reached on the general concept.

Action Step: Bill Sundermeyer requested discussion at an upcoming Balance and Funding Subcommittee meeting and/or circulation of materials regarding the 1915(i) waiver. The impact of health care reform on this waiver may make it a potentially more viable option. Doug Day offered to share information on Iowa's 1915(i) waiver.

STATEWIDE ADRNs (#4)

(Consensus had been reached at August 2nd meeting.)

INCENTIVES FOR NH CONVERSION OF BEDS TO AL (#7)

Recommendation was deferred for consideration as longer-term recommendation and/or for combining with #22.

EQUITABLE, SUSTAINABLE FUNDING SOURCE ACROSS ALL PROVIDERS (#8)

Chris Murray explained that the intent of the recommendation is that proceeds be directed back to the cohort that pays the franchise tax. Bobby Applebaum suggested limiting inclusion to private pay providers. When Chris Murray suggested including hospitals, managed care, Roland clarified that it was unfair to discuss this issue without impacted stakeholder groups present, suggesting that it may be outside the scope of the subcommittee.

Consensus NOT reached.

Action Step: Tracy Plouck suggested OHP talk with the three NF associations together or individually about this concern rather than creating yet another ULTCS workgroup, and she agreed to follow up with Chris Murray.

AFFORDABLE HOUSING GRANTSEEKING TEAM (#16)

(Consensus had been reached at August 2nd meeting.)

IMPROVED QUALITY OF CARE SYSTEM (#18)

Consensus NOT reached. Recommendation was deferred for consideration as longer-term recommendation.

PARTIAL, SELECTIVE CAPITATION MECHANISMS FOR NON-INSTITUTIONAL SERVICES (#19)

Consensus NOT reached. Recommendation sent back to Balance & Funding from Integration and Care Management Subcommittee.

PROVIDER REIMBURSEMENT RATES (#20)

Pete VanRunkle clarified that this recommendation is to ensure adequate reimbursement for all providers in the continuum of services. Jeff Lycan added that the recommendation ties back to quality of care, and Jean Thompson added that it was linked to workforce in the ability to sustain services over time. Roland Hornbostel suggested that working through EMMA would offer a consistent and transparent process for ratesetting going forward.

Action Step: Pete Van Runkle was asked to provide greater detail on the recommendation in format provided, including both Immediate and Long Term Steps.

OTHER DEFERRED ITEMS

#21, 22, and 23 were deferred for later discussion. Bill Sundermeyer suggested that deferred items be framed out so that we can “wrestle” with them and anticipates that though not immediate recommendations, they will be reflected in the final documents as well.

NEXT MEETING

Action Step: Roland agreed to work on developing a list of what the subcommittee plans to work on next, in addition to the five or six recommendations to be carried forward as short term recommendations.

Action Step: Assignments for this meeting should be submitted to Mary Inbody by COB Wednesday, September 1st, for inclusion with the Subcommittee’s recommendations.

Decision on whether a meeting was needed prior to the October 21st Stakeholder Workgroup was tabled until it was determined from the September 7th meeting whether more work was needed on the initial recommendations.

Meeting adjourned at 4:05 pm.

(See attached table for complete list of recommendations and status. Shading denotes referral to another subcommittee.)

**BALANCE & FUNDING SUBCOMMITTEE
RECOMMENDATIONS STATUS SHEET**

Item #	Recommendation (Updated 9/24/2010)	Status
1.	Establish a benchmark for moving Ohio's balance between nursing facilities and HCBS from 59%/41% consumers and/or funding to 50%/50% in the next 3 years (aging/disabled population) and include the benchmark in the Olmstead Plan. <i>(O4A and AARP, accord Applebaum)</i>	Consensus
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. <i>(O4A and AARP)</i>	Consensus
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. <i>(O4A and AARP)</i>	Consensus
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. <i>(O4A and AARP)</i>	To Integration & Care Mgmt
5.	Expand evidenced based disease self management programs to prevent or mitigate an increased need for long-term services and supports. <i>(O4A and AARP)</i>	To Integration & Care Mgmt
6.	Expand the role of AAAs as Aging and Disability Resource Centers (or Networks). <i>(O4A and AARP)</i>	Consensus
7.	Consider incentives for nursing homes to convert beds to assisted living or other HCBS options. <i>(O4A and AARP)</i>	Deferred
8.	Create an equitable, sustainable funding source across all providers where contribution levels are equated to expenditure levels and adjust accordingly. <i>(OANH)</i>	Deferred
9.	Create a prioritization policy that ensures available resources go to individuals with the greatest needs first. <i>(OANH)</i>	To Front Door
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. <i>(OANH)</i>	To Front Door
11.	Develop policies and programs that encourage the development and use of local resources for Medicaid eligible individuals (via federal match) for HCBS. <i>(OANH)</i>	To Front Door
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. <i>(OANH)</i>	To Front Door

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 AAA, 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 AL 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. <i>Presumptive eligibility</i> is needed. This has been successfully implemented in other waiver programs (PASSPORT). (OALA)	To Eligibility
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 AL 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)	To Eligibility
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)	See #1
16.	Beginning October 1, 2010 and extending through June 30, 2013, individuals & associations represented on the ULTCB Balance & Funding Subcommittee 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)	Consensus
17.	Improve the wages and benefits of the direct care employees serving our LTC consumers. (AARP)	To Workforce
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)	Deferred
19.	Explore partial and selective capitation mechanisms for non-institutional based services (as demonstrated by the Milwaukee family care model). (Benjamin Rose Institute on Aging)	Deferred
20.	In an effort to ensure a sustainable continuum of long-term care service and support to serve Ohio’s needs today and in the future, we must establish appropriate reimbursement rates for all long-term care providers sufficient to ensure quality of care for all consumers. (OHCA)	Consensus
21.	Provide for selective and strategic expansion of Personal Needs Allowance (PNA) supplement based on living arrangement and benefit to the state. (Benjamin Rose Institute on Aging)	Deferred
22.	Create incentives for assisted living providers to build in underserved areas/counties of Ohio. (OALA-added 7/22/10)	Deferred
23.	Encourage maximum utilization and savings to the state through the AL Medicaid Waiver by offering a 4th tier or level reimbursement rate beyond the current maximum that would address “secure” unit placement for those with significant cognitive impairment. (OALA-added 7/22/10)	Deferred