

BALANCE AND FUNDING SUBCOMMITTEE RECOMMENDATION #1: BALANCE

Goal: Ohioans have access to the long-term services and supports they need in the setting of their choice.

Intermediate performance indicators (based on the State Profile Tool*):

- **Within three years, Ohioans with physical/cognitive disabilities age 60 and over receiving long-term services and supports will reflect a 50/50 distribution between institutional and home- and community-based services.**

This translates to approximately three percent per year progress toward the performance indicator. (In 2007, this distribution was 60/40.)

- **Within three years, Ohioans with physical/cognitive disabilities age 59 and under receiving long-term services and supports will reflect a 40/60 distribution between institutional and home and community-based services.**

This translates to approximately three percent per year progress toward the performance indicator. (In 2007, this distribution was 50/50).

The subcommittee recognizes that these are an interim step toward the longer range goal and that once achieved, the performance indicators should be reset.

The subcommittee also recognizes that success in meeting the performance indicators is dependent upon the policy choices/changes that the state makes e.g., filling gaps in the service array, better coordinating needed services, developing a direct service workforce.

The subcommittee has recommended a goal based on consumers served by the system rather than a goal tied to funds expended per service category in light of the goal established and with the consideration that other factors will often drive expenditure patterns that have little to do with measuring progress toward balance, e.g. changes in the reimbursement structure for nursing facilities. Also, ultimately, progress made in assisting consumers to receive services in home- and community-based settings will necessarily alter the proportion of expenditures.

The subcommittee recommends that Ohio create and measure performance based on Ohio's numbers rather than attempting to compare Ohio with other states.

** As the State Profile Tool is developed, other indicators may also be added.*

BALANCING AND FUNDING SUBCOMMITTEE RECOMMENDATION #2: EXPAND HOME FIRST

Apply the expanded Home First (HB 398) concepts of imminent risk of nursing facility placement to the Ohio Home Care waiver to prevent individuals from entering nursing homes unnecessarily.

Issue/Background

The 128th Ohio General Assembly passed HB 398, the expanded Home First legislation with the intent of expanding existing law that permits individuals in nursing homes to transfer to home and community based (HCBS) waivers (PASSPORT, Assisted Living), PACE and RSS when there are waiting lists for those HCBS services. The funds used for the HBCS services would be transferred from the Nursing Facility Stabilization fund to pay for services. HB 398 (and SB 214) used four criteria to identified individuals who had not yet entered a nursing facility but who were at “imminent risk” of doing so. The expanded Home First applies to PASSPORT, Assisted Living and PACE. The following four criteria for imminent risk were established:

- (1) A physician has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services, will require the individual to be admitted to a nursing facility within thirty days of the physician's determination.
- (2) The individual has been hospitalized and a physician has determined and documented in writing that, unless the individual is enrolled in home and community-based services, the individual is to be transported directly from the hospital to a nursing facility and admitted.
- (3) Both of the following apply:
 - (a) The individual is the subject of a report made under section 5101.61 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised Code.
 - (b) A county department of job and family services and an area agency on aging have jointly documented in writing that, unless the individual is enrolled in home and community-based services, the individual should be admitted to a nursing facility.
- (4) The individual resided in a residential care facility for at least six months immediately before applying for the assisted living program and is at risk of imminent admission to a nursing facility because the costs of residing in the residential care facility have depleted the individual's resources such that the individual is unable to continue to afford the cost of residing in the residential care facility.

Sub-recommendation

- Develop criteria for determining imminent risk of institutionalization for consumers eligible for the Ohio Home Care waiver and recommend a strategy for HCBS waiver services to be paid before nursing home placement.

Immediate Action (SFYs 2012/13)

- Convene a policy and stakeholder group to identify criteria of imminent risk of institutionalization for Ohio Home Care.

Short-term Action

- Establish administrative rule or legislation required to implement an expanded Home First provision to other HCBS waivers.

Long-term Action

- Make HCBS an entitlement equal to nursing facility services.

BALANCE AND FUNDING SUBCOMMITTEE RECOMMENDATION #3: STATEWIDE ADRNs

Expand the role of AAAs as lead agencies in Aging & Disability Resource Networks (ADRN)s

Issue/Background

Responding to the acknowledged fragmentation that impedes access to services by consumers, in 2004, the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging developed the concept of an Aging and Disability Resource Center where consumers could experience seamless access to services. (Note that in Ohio we have used the term "Network" instead of "Center" to reflect both Ohio's "no wrong door" strategy to address issues of consumer access and to also reflect the fact that the Network is virtual instead of a physical location to which consumers must come in order to receive assistance.)

In Ohio, the Commission to Reform Medicaid recommended that ODA apply for the federal grant opportunity and ODA did so and was accepted for a grant in 2005. This grant (technically a "cooperative agreement" with both CMS and AoA for the first three years) allowed ODA to establish a pilot site in Cuyahoga County. The current ADRC grant in place in the state is supporting the work of the AAAs to build collaboration with partners at the regional level that will support the Aging and Disability Resource Network model.

Recent passage of the Patient Protection and Affordable Care Act (PPACA) by Congress incorporates the ADRN concept as a key component of health care reform in assisting consumers wishing to access key services. This summer, the Administration on Aging responded to the new emphasis in PPACA by issuing a request for proposals from states. It should be noted that ADRN activity envisions assistance to consumers beyond accessing long-term services and supports to access other critical services such as employment assistance and housing assistance. Also, ADRN services are available to all consumers – not just those who qualify for Medicaid. For example, Ohio's existing long-term care consultation program is available to all Ohioans regardless of age or income.

Sub-recommendations

- State agencies should work aggressively with AAAs to put the "D" in ADRN. The initial ADRN funding asked states to link its aging network to one of three disability networks – consumers with physical disabilities, consumers with developmental disabilities, or consumers with behavioral health needs. While Ohio had initially chosen to work with organizations representing consumers with physical disabilities, it is clear from PPACA that the eventual goal is for the ADRN to work cooperatively with organizations representing consumers with ANY disability.
- Develop standardized criteria for a "fully functioning ADRN" and designate AAAs that either already meet the criteria or agree to a timeline by which criteria will be met as ADRNs. A statewide task force in 2005-2006 made a start at developing such criteria but these should be modified and augmented by the experience of other state networks. A subcommittee of the balance and funding subcommittee (in other words, the members of the subcommittee who are interested in this particular topic) would be created to guide this work.

- Creating tools for Ohio's ADRN. EMMA has been leading a process that would lead to the incorporation of robust provider information into Ohio's ConnectMeOhio website. This website was developed through Ohio's 2001 Real Choice Systems Change grant and while the website has good functionality it has suffered from a lack of actual provider data. The plan is to use MFP administrative funding available to the state to incorporate provider level data from state agency databases. In addition, tools available to the ADRN include Ohio's housing locator (funded by JFS, DOD, OHFA and the DD Council), the long-term care consumer guide (funded through an assessment on nursing facilities and residential care facilities), and the Benefits Bank.

Immediate Action

- Secure funding through PPACA and MFP to further ADRN expansion.
- Determine how best to move Ohio's ADRN effort forward and what leadership the state should provide to local ADRN efforts.
- Create a subcommittee of the balance and funding subcommittee to further develop ADRN activities.

Short-term Actions

- To build linkages between the AAAs and the disability community (in particular the Centers for Independent Living) with a goal of putting the "D" in "ADRN."
- To establish criteria for a fully functioning ADRN.
- To designate AAAs meeting or agreeing to meet the criteria as ADRNs.

Long-Term Actions

- To build networks that include Ohioans with developmental disabilities or behavioral health needs.
- To track and respond to new opportunities and challenges presented by PPACA in the evolution of Ohio's ADRNs.

BALANCING AND FUNDING SUBCOMMITTEE RECOMMENDATION #4: MENTAL HEALTH TRANSITION PILOT

Support individuals with severe and persistent mental illness to relocate from nursing facilities to community settings and to be supported by the assistance of Medicaid and non-Medicaid services in those community settings.

Issue/Background

Community-based housing supports are a significant challenge for individuals with severe and persistent mental illness who are seeking to leave a facility-based setting. While funding streams exist, the growth of these resources has not kept pace with inflation/demand; in some cases the available resources have decreased due to overall budget constriction.

The Balancing and Funding Committee has been discussing possible manners in which housing supports could be more accessible to this specific population. Major challenges include the lack of Medicaid funding for room & board in community settings, the lack of specific HCBS waiver opportunities due to the IMD exclusion, and the lack of housing opportunities given the level of funding available. Recognizing that none of these challenges will be eliminated within two years, the committee had interest in looking at near-term possibilities to get started and make a policy difference.

Immediate Action (SFYs 2012/13)

1. Connect to the work occurring through HOME Choice/Money Follows the Person (MFP) and examine pilot approaches along these lines with a specific focus on individuals with severe and persistent mental illness. Implement a pilot project; size and scope to be determined through the exploration process.
2. Explore the possibility of using MFP funds (administrative account) to create a technical assistance advisor for behavioral health transition coordination. This person could:
 - Design and implement training and education materials for all transition coordinators in the state in order to increase knowledge of resources and problem solving specific to individuals with severe and persistent mental illness;
 - Provide individual technical assistance to individuals seeking to relocate to community settings, as well as to the transition planners working with those individuals.

Longer Term Action

At a later date, the Balancing and Funding Committee should explore waiver opportunities or other state plan options, including 1915(i) waiver.

**BALANCING AND FUNDING SUBCOMMITTEE
RECOMMENDATION #5: AFFORDABLE HOUSING GRANTSEEKING TEAM**

Individuals & associations represented on the ULTCS 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.

Immediate Action (SFYs 2012/13)

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.

BALANCING AND FUNDING SUBCOMMITTEE RECOMMENDATION #6: PROVIDER REIMBURSEMENT RATES

In an effort to ensure a sustainable continuum of long-term services and supports to serve Ohio's need today and in the future, establish appropriate reimbursement rates for all long-term care providers sufficient to ensure quality of care for all consumers.

Issue/Background

Ensuring that long-term care providers receive adequate reimbursement for the services they deliver is critically important for consumers to have the ability to choose from an array of quality services and supports in accordance with their needs. Access to services and supports depends on the availability of enough providers to meet the demand, which in turn is driven in large part by reimbursement. Moreover, delivery of long-term care is labor-intensive. Based on cost report data, roughly 70 percent of the cost of skilled nursing facility care is for personnel. Although cost report data are not available for other long-term care services, undoubtedly similar or even greater percentages would apply. Adequate reimbursement allow providers to support trained, experienced, and motivated staff to deliver quality services and supports, not to mention to assure the continuation of much-needed jobs in Ohio's communities.

In the present environment, adequacy of Medicaid reimbursement rates is a concern for all long-term care providers:

- Home care providers have not received rate increases for many years, and increases that were provided later were rescinded.
- Assisted living waiver rates have not increased since the program began.
- Skilled nursing facilities have endured rate cuts and freezes for the last several budgets and in the last budget saw a \$90 million increase in the net cost of their provider tax.

While reimbursement rates have stagnated, costs of delivering services have continued to increase, including costs of benefits such as health insurance and mandated costs such as workers compensation.

Immediate Action (SFYs 2012/13)

- Convene appropriate stakeholder groups to consider the adequacy of reimbursement rates for all Medicaid-funded long-term care providers.
- Ensure that review of rates includes examination of the impact of the rates on availability of providers and their ability to deliver quality services and supports.

Short-term Action

- Take the findings of the stakeholder groups into account in developing budgetary proposals relative to Medicaid rates.

Long-Term Action

- Review the long-term sustainability of Medicaid rates for all long-term care providers, including consideration of the impact on access and quality in light of changes in the Ohio long-term care system and state demographics.
- Review sources of funding for long-term services and supports, including the appropriateness of funding services with provider taxes.