#	2008 Recommendations	Progress
5	In SFY 2010/2011 funding be appropriated directly to new long-term care lines rather than individual programs.	In Aging's budget
6	In SFY 2012/2013 a single funding line for long-term services and supports is created in the ODJFS budget.	Proposed in Am. Sub. HB 153
9	A consistently applied, systematic, and transparent process to develop sound provider rates should be established.	Used DoDD methodology to establish new rates for Enhanced Community Living and Consumer Directed Personal Care in PASSPORT
11	OBM should create a special analysis on long-term care to be delivered to the General Assembly as part of the Executive Budget submission for the next biennium.	Done for HB 1
12	Ohio should use the State Profile Tool (SPT) to measure the performance of the state in balancing its long-term supports system.	Measures have been developed and are being tested prior to posting to web. Contract with Scripps Gerontology Center.
13	The work of the Unified Long-Term Care Budget workgroup should be continued in future years and convened by the Director of ODA.	ULTCS continues.
14	Employ a “no wrong door” concept that builds on the strengths of Ohio’s county based system and existing infrastructure designed to serve people in their community;	See 2010 ADRN recommendation.
15	Access to the “Front Door” should be available by telephone, through face-to face contact, and through the Internet;	See 2010 ADRN recommendation.
17	A “warm hand-off” (i.e. personal contact from the referral agency to the service-providing agency) should be used when a consumer is moving from an entry point to next steps to access services.	See 2010 ADRN recommendation.
19	Ohio should pursue a consumer education program designed to encourage individuals and their families to access resources relating to available long term services and supports before the need exists;	Own Your Future campaign
21	The Area Agencies on Aging be responsible for the development of regional collaboratives throughout Ohio and for providing input to the development of and implementation of uniform criteria that takes as a starting point the criteria already developed by the “front door” subcommittee;	See 2010 ADRN recommendation.
22	The AAAs should identify key local entities through which consumers access long-term services and supports to participate in the regional collaboratives; and	See 2010 ADRN recommendation.
26	The Internet-based system should integrate existing tools and systems that are successful in linking consumers to service delivery options;	Continued development of Connect Me Ohio.
27	The Internet based system should be designed so that it can be utilized by the consumer, the consumer’s representative, or consumer’s advocate in the setting most convenient for the individual;	Continued development of Connect Me Ohio.
29	An online application for benefits should be created;	Thru Benefit Bank
34	Leverage the existing long term care consultation program through the Area Agencies on Aging to encourage advance planning and meaningful choice prior to a consumer’s transitioning from acute care to long term services;	Nursing Home diversion strategy.
35	Each regional collaborative (see recommendation 21) should develop strategies to focus on “critical pathways” (hospitals, skilled nursing facilities that provide short-term care) in a way that leverages existing relationships within each community	See 2010 ADRN recommendation.
37	Existing waiting lists in individual programs should be addressed with a state-level strategy to ensure that waiting lists move with reasonable promptness;	Aging's enrollment management process unified
38	Sufficient information should be collected about consumers on the waiting list to ensure that the state is able to maintain a meaningful waiting list that indicates unmet needs;	For phase 1
39	Ohio should convene a stakeholder group to analyze and explore changes to existing rules and processes regarding level of care and pre-admission screening and resident review (PASRR) for nursing facility admissions and NF-based waivers. This same issue will need to be addressed for phase three (MRDD) services and supports;	PASRR process modified per "front door" subcommittee recommendations.
44	Provide explicit authority for state agencies to initiate level of care and/or PASRR assessments if the provider fails to do so;	Included in HB 1.
52	Expedited eligibility be should be utilized for home and community-based services beyond PASSPORT;	Am. Sub. HB 153 expands concept to assisted living and PACE.
56.2	Program of All-inclusive Care for the Elderly (PACE) model	Expansion permited under Am. Sub . HB 153 if an evaluation determines PACE to be a cost effective option for Ohio. Ohio to seek permission from CMMI to share Medicare cost savings.
58.7	Research the Community Living Assistance Services and Supports (CLASS) Act of 2007 which would create an insurance program for adults who become functionally disabled	Included in Affordable Care Act.

#	2008 Recommendations (continued)	Progress
72.1	Specific improvements to Ohio's assisted living Medicaid waiver program should be considered: a. Expand eligibility for the program to include consumers meeting level of care and income eligibility requirements who currently reside in the community.	Proposed in Am. Sub. HB 153
72.2	Support amending federal law to waive Medicare Part D prescription drug co-payments as is currently the case for nursing facility residents.	Included in Affordable Care Act.
76	Ohio should explore other supportive housing alternatives that have proven successful in other states.	Enhanced Community Living service added to PASSPORT.
80	The current number of nursing facility beds in Ohio should serve as an overall cap for nursing facility beds.	ODH rules cap the number of beds.
81	The Director of the Ohio Department of Health should convene a stakeholder group to review existing CON criteria, and consider the need for and impact of the movement of beds between counties.	ODH rules allow such movement.
83	As part of the process, the stakeholder group should consider whether the current law prohibiting the use of a long-term care bed need formula should be revisited.	Enacted in HB 1.
93	Expansion of person-centered care programs within nursing facilities	Envisioned by funding formula changes in Am. Sub. H.B. 153.
94	Expand opportunities for consumer direction through Ohio's current 1915(c) waivers, and/or implementation of new Medicaid waivers based upon consumer direction practices.	Consumer-directed personal care added as a PASSPORT service.
95	Expand opportunities for consumer direction within non-Medicaid-funded programs funded or provided by other state and local entities (i.e., levies and grants, etc.).	Veteran-directed HCBS offering pending in 2 AAAs (Toledo, Rio Grande).
109	Expand the Long-Term Care Consumer Guide to provide consumers with information about an expanded array of provider types.	Proposed in Am. Sub. HB 153

#	2010 Recommendations	Progress
1	Balance: To define the goal of balance for the HCBS and nursing facility services as "Ohioans have access to the long-term services and supports they need in the setting of their choice." Intermediate (3-year) performance indicators were also recommended:	Progress to be measured by SPT
1A	Adults with physical/cognitive disabilities, age 60 and older will reflect a 50/50 institutional/HCBS distribution. (In 2007 distribution was 60/40.)	Proposed in Am. Sub. HB 153.
1B	Adults with physical/cognitive disabilities, age 59 and under will reflect a 40/60 institutional/HCBS distribution. (In 2007, distribution was 50/50.)	Proposed in Am. Sub. HB 153.
3	Statewide ADRNs: Expand the role of AAAs as lead agencies in Aging & Disabilities Resource Networks (ADRNs) through the following:	In process. Language proposed in Am. Sub. HB 153.
3A	Secure funding through PPACA and Money Follows the Person to further ADRN expansion.	Received $766,000 grant.
3B	Determine how best to move Ohio's ADRN effort forward and what leadership the state should provide to local ADRN efforts.	To date, more than half of the AAA regions designated as ADRNS. Anticipate that all AAAs will offer ADRN services by Sept. 2012.
11	Seek repeal of existing ORC limitations on participation by consumers in Assisted Living waiver.	Proposed in Am. Sub. HB 153.
12	Expand Assisted Living waiver eligibility: Apply the eligibility criteria and logic that is used in PASSPORT waiver to the Assisted Living waiver applications as long as the PASSPORT Administrative Agency (PAA) has developed a service plan for the consumer.	Proposed in Am. Sub. HB 153.
13	Strategic Direction: Identify existing forums where state agencies and stakeholders can discuss issues and opportunities related to care integration and management.	CMMI ICDS grant and language in Am. Sub. HB 153.
15B	Deploy Long-term Care Consultants in hospitals, based on facility and patient characteristics, to meet the needs of adults in need of long-term care supports and services.	AAAs piloting this in Cincinnati, Akron/Canton and southern Ohio areas.
15C	Develop area agency on aging/health care partnerships and train to implement evidence-based health coaching programs.	Will be deployed statewide in CY 2011.
15E	Expand and sustain evidence-based disease self-management programs, including but not limited to Chronic Disease and Diabetes Self-Management Programs (CDSMP/DSMP), and Matter of Balance.	Funding received to expand statewide
15F	Expand access to information, assistance/referral and Long-term Care Consultations through Aging and Disability Resource Networks (ADRN).	See ADRN Recom. # 3B
15G	Include long-term care/home-care/AAA representation in the IMPROVE (Implementing Medicaid Programs for the Reduction of Avoidable Visits to Emergency), StAAR (State Action on Avoidable Rehospitalization) and Enhanced Primary Care Home initiatives.	AAA4 (Toledo) selected to participate in StAAR.

18C	Develop resources accessible to consumers and their families which support their choices, their ability to access services that meet needs that change over time, and the role of informal caregivers in the delivery system for long term services and supports.	Expansion of Connect Me Ohio website
24	Create a Direct Service Workforce Consortium.	In progress