

**Unified Long-term Care Budget Workgroup Meeting Minutes
Thursday, January 10, 2007
State Library Board Room**

Sign-in Sheet:

**Roland Hornbostel, ODA
Barbara Riley, ODA
Dave Dorsky, ODJFS
Tracy Williams, MRDD
Brian S. Allen, United Church Homes – SNCL
Jane Straker, proxy for Bob Applebaum Scripps Miami University
Steve Mombach, Tri-Health – PACE
Bill Sundermeyer, AARP
Jim Adams, Geauga Board of Mental Health
Joe Ruby, AAA 10B
Jean Thompson, Ohio Assisted Living
Janet Grant, CareSource
Angie Bergefurd, ODMH
Trisha Hershey, proxy for Senator Tom Niehaus
Charlie Salley, proxy for Senator Coughlin
Betsy Johnson, NAMI Ohio
Chris Glassburn, proxy for Representative Budish
Beth Foster, Ohio Council for Home Care
Barry Jamieson, OACBMRDD
Mary Butler, for Shelley Papenfuse, Ohio Olmstead Task Force
Donna Conley, Ohio Citizens Advocates
Jim Adams, Geauga Mental Health
Doug Day, ODADAS
Becky Maust, ODH
Maureen Cocora, OPRA
Pari Sabety, OBM
Cristal Thomas, EMMA**

The meeting convened at 1:10 pm.

Public Comment Period

The group received testimony from Larry Lawhorne, Chairman of the Department of Geriatrics at Wright State University's Boonshoft School of Medicine. Mr. Lawhorne discussed the following three issues with the group:

- The increasing role of Ohio's counties in the funding of services for frail elders
- The savings for the state's Medicaid program because of county funding for alternative services that prevent or delay nursing facility placement
- The consequences of the current asset limit for accessing Medicaid-funded community-based services such as PASSPORT.

Minutes Approval

The minutes from the November 15th meeting were reviewed, and properly moved and seconded at this time by the group with one correction - the spelling of the name of a representative from Nationwide Children's Home Care. The motion carried.

Additional Presentations

Dave Dorsky, of ODJFS, presented the following: Data Profile of Ohio Medicaid Nursing Facility and Nursing Facility Level of Care Consumers. The presentation's overview included:

- The number of consumers who lived in nursing facilities or participated in nursing facility level of care waivers or PACE
- Services that the consumers received
- The number of consumers who received said services
- The cost of the services.

Subcommittee Updates

Recommendations from the Consumer Direction Subcommittee

That consumer direction should be implemented through OHS and LTC service and support systems regardless of funding source, provider type or care setting. Recommendations were for Administration and Oversight: 10 total

Call Management: 5 total

Financial Management: 8 total

*These recommendations of policies were to be carried forward to the policy markets to implement the policy.

As you go through your recommendations, consider the phases they will be implemented in.

Recommendations are generally supported by the Workgroup by a show of hands.

It was recommended to study the following further: that consumers should have greater choice regarding who they choose their paid providers to be (specifically legally responsible family members).

*This was generally supported by the Workgroup.

Per Director Barbara Riley, fiscal consideration needs to be taken into account for each of the recommendations.

Permit unused service dollars that are appropriated with the consumers' budget or cost cap to be used to purchase other needed services i.e. goods and services for the home.

*If there's a care plan or service plan the monies would be budgeted per plan / per year.

Investigate and address legal issues around the consumers' employer status and liability.

*This may be a moot point as negotiations are scheduled for February 1st with SEIU.

*This was generally supported by the Workgroup.

There were ten administrative recommendations:

- Coordinated approach that makes use of the most appropriate model(s) and/or elements of these models to implement in Ohio.
- Expansion of opportunities in Ohio's current 1915 (c) waiver.
- Development and use of innovative methods to pay for goods and services and other selected service i.e. vouchers and/or debit cards, etc.
- Expansion of opportunities within the Medicaid state plan using 1915 (j) waiver DRA (the service where you can hire who you want to hire).
- Expansion of person-centered care programs within nursing facilities.

- Establishment and maintenance of a statewide registry of providers (suggestion to provide a definition of training – may be difficult to update).
- Access to an independent consumer-focused advocate (centers for independent living / LTC Ombudsman Program). All consumers should have access to their own.
- Implementation / coordination of quality assurance mechanisms across all systems.

*These were all generally supported by the Workgroup.

Care Management Recommendations

- Must be flexible enough to recognize the consumer’s unique needs.
- Must embrace person-centered planning as an integral component.
- Must also include monitoring of and communication with the consumer and/or authorized representative.
- That consumers be granted a budget authority to purchase needed services identified during the assessment process.
- Support consumers negotiated rates.

*These were all generally supported by the Workgroup.

Financial Management Recommendations

- Examine the various types of FMS entities used in the delivery of consumer directed care to determine a model(s) to be best suited and ascertain the feasibility of the FMS completing other administrative functions.
 - Don’t base the number of people who are linked into these services. Value to multiple people with multiple abilities.
- Study the various types of consumer/employee status and explore whether the concept of employer status should be uniform across systems.
- Explore the creation / utilization of organized health care delivery systems (a Medicaid subcontract).
- Explore the use of “limited Medicaid provider agreements”
- Establishment of safeguards against consumer / provider fraud.
- Expansion of approval for consumer direction for non-Medicaid fund programs.

*These were all generally supported by the Workgroup.

Quality Management / Assurance Committee Update – provided by Beverly Laubert, ODA

The committee’s charter and discussion topics from November and December were reviewed by the body (handout provided). The two main points of discussion for this group was:

- To explore the degree to which quality assurance systems can be integrated in a transformed long-term services and supports system and to recommend necessary improvements to the current system.
- To explore ways the CMS Quality Framework can be adapted for facility-based care providers as well as home-based providers.

Beverly indicated that they talked globally, and they did not delineate the phases during their meetings. The next meeting for this group will be held on January 15th. At that time they will come up with measures of consumer satisfaction and quality of life.

*Barbara Riley requested that all sub-committees indicate in their recommendations that there is or will be a fiscal implication to the ULTCB.

*Cristal Thomas indicated that some of the recommendations could cause data integrity issues and that they may have to be referred to OBM.

*Roland Hornbostel suggested that the sub-committees consider creating an “Angie’s List” for the home-based service provider portion of the long-term care consumer guide.

Additional discussion:

- We should identify those that have fiscal implications. The Workgroup should capture this concept and the state agencies will come back with a plan to move forward with this.
- We will be able to save if there is a budget on the front end and savings on the back end.

Care Management Group

To date the sub-committee has had three meetings and have two more scheduled. All of their materials are posted on the Website for review.

Front Door and Balancing the Workgroup

Discussion presented by Erica Robbins

There are three different buckets of focus:

1. Front Door (financial / functional eligibility)
 - Criteria
 - Financial
 - Structure of how people enter the system
 - Post-acute care (transition from acute to LTC)
2. Access Capacity and Unmet Needs
 - Waiver and state plan service array
 - Housing and supportive services
 - Facility based care

(Recommendations to be provided by end of February)

3. Purchasing Strategies
 - How we can maximize purchasing across the Medicaid system.
 - This will begin in March 2008.

Administration Sub-committee Report provided by Roland Hornbostel for David Ellis

There are three aspects of focus for the budget:

- The structure of the budget
- The information technology necessary to support the ULTCB
- Looking at developing performance or metrics measures around the ULTCB so that the general assembly can determine whether or not we are successful.

Additional recommendations will be provided at the next meeting. In the event anyone has recommendations on how to better review and limit conversation in the event they are too complex, please let the Workgroup know.

*Joe Ruby asked all to relate the recommendations in a matrix spreadsheet.

Barbara Riley announced that she would be “hitting the road” and making visits throughout the state to discuss the ULTCB. The timeframe for her travel is between February and March 2008. She also noted that there must be better ways of discussing and spreading the word regarding the ULTCB, and asked that the group come to the next meeting to discuss a plan of action.

Next Meeting

The next meeting of the year is scheduled for Thursday, February 7th.

The meeting adjourned at 4:30 pm.