

# Ohio Department of Aging



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Ted Strickland, Governor  
 Barbara E. Riley, Director

**Unified Long-term Care Budget Workgroup Meeting Minutes**  
**Thursday, March 13, 2008**  
**ODJFS Air Center**  
**4020 E. Fifth Avenue**  
**Columbus, Ohio**

Workgroup members present:

**Roland Hornbostel, ODA**  
**Senator Tom Niehaus**  
**Barbara Riley, ODA**  
**Robert Applebaum, Scripps Gerontology Center**  
**Pete van Runkle, Skilled Care Coalition**  
**Joe Ruby, AAA 10B**  
**Daniel Joslyn, Proxy for Rep. Budish**  
**Anne Jewel, ODI**  
**Jean Thompson, Ohio Assisted Living**  
**Becky Maust, ODH**

**Brett Kirkpatrick, TriHealth SeniorLink**  
**Sean Chichelli, Proxy for Representative Shannon Jones**  
**Betsy Johnson, NAMI Ohio**  
**Jim Adams, OACBHA**  
**Sandra McGuire, EMMA**  
**Senator Capri Cafaro**  
**Janet Grant, Care Source/OAHP**  
**Bill Sundermeyer, AARP**  
**Shelley Papenfuse, Ohio Olmstead Taskforce**

Welcome and introductions were provided by Roland Hornbostel for Barbara E. Riley, Chair. Immediately following was the public comment period. The Workgroup received Dr. David Weaver a psychologist who previously worked in nursing homes. Dr. Weaver spoke for the disabled community regarding individuals who were “incarcerated” against their will, or had rights taken away from them living in facilities. He would like to hear the Workgroup’s solution to these issues, so that his clients may leave their present situations.

**Quality Management Subcommittee Presentation – Revisions to the Final Recommendations Presented by Beverly Laubert, ODA**

These recommendations are not differentiated for the phases. Therefore, they will be for all of the ULTCB phases.

- Language was added that the end of the guiding principle: “and be mindful of the cost and usefulness of data collected”.
- Recommendation 3 – “and populations” was added to the end of the first sentence.
- Recommendation 3 – last sentence changed to “The incentive should be formulated as an add-on payment to reimbursement”.
- Recommendation 4B – changed sentence to read as “Identify provider types that are not regulated and explore whether licensing and periodic review would be appropriate as a means of demonstrating a minimum level of regulatory compliance”.
- Sub-registry was deleted from the recommendation.
- Recommendation 5D – now reads as “Utilize databases and IT systems that can extract data from current systems”.

**Care Management Subcommittee Presentation – Revisions to the Final Recommendations Presented by Judy Patterson, ODA**

Following is a summary of the recommendations provided by the sub-committee:

- Recommendation 1 was updated to include the last sentence – This definition should be reviewed as each phase of the ULTCB is implemented.

- Recommendation 3 (3<sup>rd</sup> sub-bullet) was changed to – Assess service needs: authorize the long-term services and supports identified as part of the ULTCB to meet those needs acknowledging that certain services (example nursing facility and PACE) are fundamentally responsible for managing specific services and supports; and monitor the provision of quality, culturally competent health and supportive services.
- Recommendation 5 was changed to – It is important to eliminate any potential conflict of interest within the ULTCB system of services. Therefore, ULTCB care management shall not be provided by an entity/agency providing direct services funded by the ULTCB.
- Recommendation 6 was changed to – Every individual receiving services or supports identified as part of the ULTCB would benefit from some level of care management. The minimal level of care management might be as simple as a periodic review of functional eligibility to validate the continuing eligibility for the services and supports provided within the long-term care budget framework. More intensive level of care management may include activities such as developing care plans, authorizing services, referring and linking to services, monitoring and follow-up activities to ensure the individual's needs are being met and the individual is satisfied with the services would be provided based on the individual's needs and preferences.
  - Bill Sundermeyer will provide Roland with additional verbiage.
- Recommendation 7 was changed to – Establish protocols and standardized criteria to guide the level of care management.

**Erika Robbins, Project Manager, Ohio Home Choice Program “Money Follows the Person”**

Erika provided the Money Follows the Person (MFP) overview to the Workgroup, including the following information: when the state received the grant, an explanation of the grant award, the award's operational protocol and how the state structured it, CMS' expectations and how they intend to measure Ohio.

A plan addressing the four demonstration objectives outlined in the CMS operational protocol and the DRA statutory language was presented to the group. Continuity and quality were the two demonstration objectives indicated as being integral to Ohio's plan to address the barriers that prevent/restrict flexible use of Medicaid funds as well as balancing Ohio's long term services and supports system.

The preliminary balancing plan was shared with the group. Please note that the plan presented was preliminary and subject to change contingent on the balancing fund and changing state priorities. In addition, the state's balancing plan was designed with the thought that consumer choice and system balance is realized when changes are made to multiple points of the delivery system structure including, but not limited to; the entry point, assessment of need, budget, service and support access, provider access, care management, quality, continuity, and program integrity.

Please note that participants do not have to use the extra services, but that MFP services will not be available after the participant has left the institution for 12 months.

All Workgroup members indicated that they would need additional time to review the presentation to provide feedback.

**Front Door Subcommittee/Structure of the Front Door & Post Acute Care Issues – Final Recommendations Continued from the 2/21/2008 Meeting Presented by Julie Evers**

The following was discussed during the Workgroup for the Front Door Structure:

- Recommendation 4 had the following changes:
  - Remove the second bullet point, and re-structure the verbiage.
- Recommendation 5 – The “Front Door” should include functionality that addresses issues related to financial eligibility. ***More recommendations to come regarding functionality.***
- Julie will create a list of guiding principles for the Workgroup. She is not sure how the Workgroup feels regarding sequencing, and indicated that the recommendations to not have to be in a sequencing format.
- Bill Sundermeyer would like to include the comment “regardless of Medicaid eligibility” in Attachment A’s Key Elements to the Front Door page.
- During the presentation it was decided that all of the bullet points must remain in the recommendations.
- In the event anyone has suggestions regarding changes, please email your comments to Julie.
- Roland suggested including the following: supported by business process and provided additional opportunities on the Key Elements for the Virtual Front Door slide.

The meeting adjourned at 4:55 pm.

**In addition, a special ULTCB Workgroup meeting will be held on Tuesday, March 25<sup>th</sup> from 1 – 5 pm at the Ohio Department of Aging, 50 W. Broad St., Columbus, Ohio in the 10<sup>th</sup> Floor conference rooms A and B.**

**The next meeting of the ULTCB Workgroup will be held on Thursday, April 3<sup>rd</sup>. Location is the State Library of Ohio – Boardroom and the meeting will begin at 1 PM.**