



Department of Aging

John Kasich, Governor
Bonnie Kantor-Burman, Director

Date: June 8, 2011

We need your input!

The federal Older Americans Act (OAA) requires Ohio to develop and submit a state plan on aging to the Administration on Aging for a two, three or four-year year period. The Ohio Department of Aging, Ohio's designated state unit on aging, is responsible for the coordination and development of this plan and has elected to develop a two-year plan that will be effective Oct. 1, 2011 through Sept. 30, 2013 (FFY 2012-2013). The department is required to seek public comment on the plan's draft strategic issues, goals, objectives and measurable outcomes (attached).

The department focused on goals and objectives that enhance Ohio's OAA infrastructure, programs and services, and ensure that long-term services and supports are person-centered and available to meet the needs of consumers and their caregivers. Proposed goals and objectives for the plan are achievable within the two-year plan period.

To develop the goals and objectives, the department used information from strategic plans for PY 2011-2014 developed by Ohio's 12 regional area agencies on aging, the principles of Governor Kasich's Office of Health Transformation, feedback from stakeholders, economic and public policy trends, service delivery needs and demographic characteristics of older Ohioans. Four strategic issues emerged from this review, resulting in corresponding goals, objectives and measurable outcomes.

These ambitious goals and objectives can be accomplished only through partnership with other state agencies, Ohio's aging network and other entities identified within specific goals and objectives. Existing or new committees and workgroups will develop tactics and plans for the goals and objectives.

Please review the following draft strategic issues, goals, objectives and measurable outcomes. Submit your comments to stateplancomments@age.state.oh.us by **no later than Wednesday, June 15, 2011**. Please reference the number of the issues, goals, objectives and measurable outcomes on which you are commenting.

Input will be reviewed and, where appropriate, be used to revise or clarify goals, objectives and outcomes. A summary of comments will be included as an appendix to the plan. Detailed comments will be provided to staff, committees and workgroups responsible for implementing the plan.

Thank you for valuable input!

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Strategic Issues, Goals, Objectives
& Measurable Outcomes, FFY 2012-2013

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NOTE: Proposed goals and objectives are subject to change and/or reprioritization based on changes in policy direction and funding availability.

Strategic Issue 1: How to improve access to services through the Aging and Disabilities Resource Network (ADRN).

Goal: Support specific activities that will move Ohio to a statewide presence for fully-functional ADRNs.

Objectives

1. Create a state-level advisory group to oversee and direct development of the ADRN in Ohio.
2. Develop a consistent brand that supports increased awareness of the ADRN for use by all partners.
3. Establish a consistent and universal assessment instrument that determines functional eligibility and links individuals to available services.
4. Support on-going collaborative efforts of Ohio's 12 area agencies on aging (AAAs) to develop the ADRN and move toward "fully-functioning status."

Measurable Outcomes

1. The state level advisory group will be established by Oct. 31, 2011, and status reports on efforts to achieve fully-functional status will be distributed on an on-going basis beginning in 2012.
2. By July 31, 2012, Ohio will have criteria for "fully functioning" ADRNs against which each AAA and its partners will be measured.
3. The universal assessment instrument will be in use by July 2012.
4. Ohio will have brand standards and guidelines for the ADRN by Jan. 31, 2013.

Strategic Issue 2: How to expand aging network's evidence-based prevention programs both inside and outside the network.

Goal: Embed evidence-based prevention programs (e.g., Healthy U, Matter of Balance, Healthy IDEAS, Reducing Disability in Alzheimer's Disease, Care Transitions) into communities and organizations, creating a culture of healthy aging for Ohio adults.

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Objectives

1. Expand the availability of evidence-based prevention programs, especially to high risk and hard to serve populations.
2. Expand outreach to consumers and their caregivers about the effectiveness of evidence-based prevention programs in improving health and quality of life.
3. Expand access to evidence-based programs through engagement of the health-care community (e.g., public health, federally qualified health centers, primary care physicians, pharmacies, emergency rooms, discharge planners, health plans).
4. Strengthen the culture of wellness and prevention within the aging network (e.g., stakeholders, partners, case managers, program and administrative staff).

Measurable Outcomes

1. Identify and pilot at least one new evidence-based program that is proven to improve health outcomes for homebound individuals by Sept. 30, 2013.
2. Expand the number of organizations implementing evidence-based prevention programs by 15 percent by Sept. 30, 2013, measured against a baseline established for 2011.
3. Develop and provide a toolkit for health care professionals that can be used to refer consumers and patients to evidence-based prevention programs by Dec. 31, 2011.
4. Develop and implement targeted marketing campaigns (e.g., health plans, SCSEP, retirement systems, family physicians) to build awareness of the availability of evidence-based prevention programs that includes, but not limited to, the use of social media and outreach events by Dec. 31, 2011.
5. Develop at least three new partnerships with sister state agencies and other organizations (e.g., rehabilitation and corrections, veterans services, rehabilitative services, mental health, extension services) to expand evidence-based prevention programs to at risk or hard-to-serve populations (e.g., ex-offenders, veterans, persons with disabilities, rural residents) by Sept. 30, 2013.
6. Host learning sessions for aging network stakeholders and partners to provide support and techniques for strengthening the culture of wellness and prevention within their respective organizations beginning March 31, 2012.

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Strategic Issue 3: How to ensure that long-term services and supports are provided in a person-centered manner and available to meet the needs of consumers and their caregivers.

Goal 1: Ensure that individuals receiving long-term services and supports, including OAA core services, have opportunities to exercise choice and self-determination in services in any setting.

Objectives

1. Develop and pilot consistent measures of person-centered service quality and establish target outcomes.
2. Make quality information available to consumers by adding home- and community-based service (HCBS) providers to the Long-term Care Consumer Guide.
3. Provide training and technical assistance to aging network and other long-term care providers on the principles of person-centered care, including related quality measures.
4. Review and, if necessary, include person-centered language to administrative rules according to Ohio's statutory schedule.

Measurable Outcomes

1. Develop and pilot measures of person-centered quality and establish target outcomes by June 30, 2013.
2. Administer the consumer satisfaction survey for a statistically valid sample of consumers by June 30, 2013. Post results on the Long-term Care Consumer Guide by Jan. 15, 2014.
3. Ohio's 12 AAAs will participate in an ODA-sponsored learning session on person-centered quality measures by Sept. 30, 2013.
4. One hundred percent of administrative rules that are reviewed during the plan period of October 1, 2011 through September 30, 2013 will include person-centered philosophy and outcomes.

Goal 2: Ensure that Ohio's system of Medicaid funded long-term services and supports reflects a balance between facility-based and home- and community-based care.

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Objectives

1. Manage Medicaid and other home- and community-based programs to achieve a balanced system of long-term services and supports.
2. Partner with others to improve the quality of life and care in nursing homes by incorporating key principles of person-centered care.
3. Provide support to all caregivers, recognizing that caregiving doesn't stop at the nursing home door.
4. Develop and improve strategies for care coordination.
5. Ensure that Ohio's healthcare and long-term services and supports system have professional and direct service workers in sufficient number and skill to serve all Ohioans.

Measurable Outcomes

1. Achieve a 50/50 balance of individuals receiving Medicaid services in nursing facilities and in the community by Sept. 30, 2013.
2. Develop components of a lifespan respite system in conjunction with the Ohio Lifespan Respite Coalition and Ohio Family and Children First by Sept. 30, 2013.
3. Develop a Nursing Home Medicaid pay-for-performance system that is focused on two domains: quality of life and quality of care. ODA, working with public and private partners, will identify seven to eight performance measures for these domains by June 30, 2012.
4. Collaborate with the Ohio Department of Job and Family Services to facilitate statewide implementation of a health and human service career lattice and long-term service and support system workforce consortium for Ohio by June 30, 2013.

<p>Strategic Issue 4: How to leverage volunteers, neighborhoods and communities to support the needs of older Ohioans and their caregivers.</p>
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Goal 1: Encourage and support the development of member-driven cooperatives (e.g., village movement, co-housing) to meet the home- and community-based service needs of elders living in defined neighborhoods and communities (e.g., naturally occurring retirement communities).

Objectives

1. Promote the benefits of establishing member-driven cooperatives.

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2. Identify potential private funding sources (e.g., foundations, insurance companies, membership fees) to support development of cooperatives.
3. Provide technical assistance to communities and organizations interested in forming cooperatives.
4. Engage volunteer, faith-based and academic organizations to support the establishment of member-driven cooperatives.
5. Review and revise, if necessary, ODA policies and administrative rules to enable AAAs to support the development of member-driven cooperatives, including, but not limited to, providing one-time seed or start-up funds.

Measurable Outcomes

1. Host a learning session for communities and individuals interested in establishing member-driven cooperatives by Sept. 30, 2012.
2. Establish member-driven cooperatives in at least one urban, one suburban and one rural community by Sept. 30, 2013.
3. Identify at least one funding source to support the development of cooperatives by Sept. 30, 2013.

Goal 2: ODA, in conjunction with the Ohio Emergency Management Agency (OEMA), AAAs and other organizations (e.g., Americans Red Cross), will develop a toolkit or best practices for local emergency management and response organizations to support planning for vulnerable populations, including older adults living in the community (not just those living in institutions).

Objectives

1. ODA and OEMA, in conjunction with the aging network, will develop and distribute a toolkit or best practices to be used by local emergency management and response organizations to enhance their practices and plans.
2. ODA (or designee) will research current practices used by utility companies, local governments, the postal service and other similar organizations that identify and notify authorities of unusual circumstances (e.g., mail build-up) at residence of vulnerable populations. ODA and its partners will then share these practices and encourage local governments to incorporate into local emergency plans.

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Measurable Outcomes

1. Vulnerable population toolkit and emergency notification best practices will be provided to emergency management organizations by Sept. 30, 2012.
2. Fifty percent of county emergency management plans will address the specific needs of vulnerable populations, especially older adults, by Sept. 30, 2013.

Goal 3: Identify and develop new reimbursement streams (e.g., managed care organizations, health homes, veterans administration, private pay, retirement systems, employers) that build on existing aging network infrastructure and services (e.g., care planning, evidence-based prevention, caregiver support) to enhance and expand services to older adults and their caregivers.

Objectives

1. Identify and develop a procurement model or models for OAA funded care coordination programs and private pay programs that are consistent with federal procurement policies and requirements.
2. Establish standards to guide AAA implementation and/or support of private pay models.
3. Develop specifications for services that are available statewide (e.g., legal services, disease prevention and health promotion, respite services), but that currently do not have consistently applied specifications.
4. Identify potential statewide reimbursement streams.
5. Working with AAAs, Ohio Department of Veterans Services and regional veterans administration medical centers, expand the Veterans Directed-Home and Community-Based Services Program to additional AAAs.

Measurable Outcomes

1. Enact or revise polices and, if necessary, administrative rules that guide OAA funded care coordination programs by Oct. 31, 2011, and AAA implementation and support of private pay models by Sept. 30, 2012.
2. Secure at least four new statewide reimbursement streams for evidence-based prevention programs, including not limited to, PASSPORT and one health plan by Sept. 30, 2013.
3. Implement the Veterans Directed-Home and Community Based Services Program in at least four AAAs by Sept. 30, 2013.

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4. At a minimum, develop services specifications for OAA Title III legal services, disease prevention and health promotion and respite services by Sept. 30, 2012.