

Unified Long-term Care Budget Workgroup May 14, 2009 Minutes

Director Barbara Riley began the meeting by welcoming everyone back together and noted it has been a year since the group has met. She announced that the purpose of this meeting is to discuss what's currently in the proposed biennium budget (as of 5/14/09), talk about what's next and what the group might look like. She explained that the unified long-term care budget (ULTCB) pieces in this budget bill are focused on individuals age 60 and older.

Director Riley said HB 1 starts with the most fundamental piece of ULTCB – a single funding line within the department of aging's budget for home care. This funding line only captures the ODA pieces – PASSPORT, Assisted Living and PACE. Riley said by taking the money and putting it into one bucket it allows for spending and choice by need – not by the money available.

The budget bill gives ODA the authority to fold all of these programs into one waiver. The budget, as it is today, assumes full funding for PASSPORT, no waiting lists, and assumes funding for the 1,800 Assisted Living slots currently approved by the Centers for Medicaid and Medicare (CMS). HB 1 also removes the caps because it allows us to do "home first" beyond 1,800. We will need to work with JFS/CMS to get the cap removal. HB 1 also assumes 880 slots for PACE, which is the current slot approval and gives the flexibility to expand PACE sites. However, we'll need to go back to CMS for additional sites.

Riley commented that these budget recommendations are possible because of the federal stimulus amount for Medicaid match, allowing us to front-load the system today and save dollars later. The budget assumes we're moving 800 nursing facility consumers out and diverting 1,445 at-risk individuals from entering a facility. To accomplish this work, follow-up assessments by the local area agencies on aging are crucial. If we are able to be even more successful than these projected numbers, there is a possibility that we may have additional money available by tapping the nursing home stabilization fund.

Riley says we also are looking to expand consumer self-direction and expand home first to PACE. She commented that home first works best when there are waiting lists. However, best case, we will not have waiting lists, but this will allow money to follow the person, and that's crucial.

Riley says the long-term care system will be committed to forecasting on a regular basis, including tracking, monitoring and analyzing data. For this to be successful, it must be a group effort of many, including ODA, JFS and EMMA.

Riley commented that we talked a lot about the service array last year. Our system now doesn't fully meet the needs of everyone. The current Assisted Living program requires \$700 a month in rent and board. If an individual is truly impoverished, they cannot meet this requirement. To address this gap, we're going to build "enhanced community living." We're looking at current housing support systems - congregate, section 8 housing – essentially looking at those already receiving a subsidy, and wrapping care services around the setting.

Riley said the network needs to embrace the no wrong door concept. To a consumer in need, this means the first place they seek help is the right place. Riley said to build a successful ULTCB we also need to focus on public education. Individuals look for long-term care in crisis mode. When you're in crisis, a facility is usually the easiest place to go. We also need strong relationships with hospital discharge planners so they too are aware of options other than facilities.

Concerns were expressed about the AAAs being able to do this work with reduced resources and how they can work with county JFS offices that have reduced capacity at the same time as larger caseloads. Acknowledgements were made that these are legitimate concerns, and we'll have to see how the budget scenario plays out.

Next, Bob Applebaum gave a review of the "UPAR" report – "Providing Long-Term Services and Supports to an Aging Ohio: Progress and Challenges." This report details trends in Ohio long-term care service utilization over the past 14 years. It also provides information about the characteristics of those in different settings such as PASSPORT, nursing homes and residential care facilities.

Applebaum said if I would have been shown these numbers when the report began 14 years ago, I wouldn't have believed it. On the aging side, there's been increase by 74,000 age 85 + and tremendous expansion in RCF, particularly assisted living. The number of NF beds has remained relatively constant. PASSPORT has grown to servicing 28,000 – only two other states have larger aging waivers.

Applebaum said by 2040, the population of older Ohioans and individuals with disabilities will grow dramatically. We need to build a system now to address this. He said that nursing facilities are changing. For years, there was an assumption that people went to NF and that's where they remained. We now have 126,000 NF admissions for Medicare alone. NFs have changed what they do and what they are. If you're talking about case mgrs in NF to help those identify who can move out – don't focus on people already planning to get out. That's the challenge – making sure you focus on the right consumer.

Tremendous short-term care is now dominating the industry, but there's still some long-term care. We need to figure out how to manage that. Readmissions make a NF administrator's job difficult, and it does for researchers too.

Applebaum says the report details Ohio as “good news, bad news.” For those over 60, Ohio has made progress in shifting the care settings. We used to be 47th in terms of expenditures comparing NF to HCBS, we’re now 43rd. The report estimates that had Ohio not increased its waiver expenditures over the last 12 years, but instead just allowed both nursing homes and home- and community-based participation to increase at the 1995 rates, the state would have served 6,100 fewer people, but Ohio would have spent an additional \$192 million on Medicaid long-term care in 2007.

The bad news is for the under 60 group - we haven’t made much progress. In the under 60 group on Medicaid, 20 percent of group have one ADL – aren’t nearly as disabled as others using NF. Plus, many of the under 60 group have mental health needs. We’re seeing an increase for MH in NF because they have no other place to go, but obviously, nursing facilities aren’t equipped to deal with mental health needs.

Riley commented that this data illustrates the need for the group to examine the under 60 group in the next year.

Next, Erika Robbins provided an update on Home Choice, which is the Money Follows the Person grant awarded to Ohio in early 2007. So far, 130-140 people moving out of institutions settings are generating dollars, which goes into a fund for system reform.

As people move out and that fund is generating, we’re using the dollars to develop a plan, which will detail our priority for the monies. The balancing plan will be amended after we get through this budget cycle.

Fund also is a testing ground for what we want to do in Ohio. We’re assigning case managers to some, and we’re also researching using debit cards to make purchases. However, federal government does still have Medicaid policies we must follow.

Erika commented that we have to address housing from accessibility and affordability. Many individuals are in NF because they cannot afford housing.

Erika says there are some costs to moving individuals out because there are up-front costs. Erika said Home Choice get referrals right now from many places. She anticipates that getting referrals may be harder in the future, may have to find people then. And those people are less likely to have supports such as housing. We anticipate that moving out time will be three to six months. Most denials have been because people don’t meet the six-month stay requirement.

Erika said the state profile tool in development is going further than what other states are developing because we want an actual working tool, not one that sits on a shelf.

We want a profile that's interactive, so it's going to be Web-based with links. If you want details on such things such as mental health, you'll follow that link. Profile will include indicators so we can measure progress towards rebalancing.

Next, Riley brought up subcommittees and said we need to set goals and must not work in silos. Subcommittees are operationally focused. The larger workgroup thinks more about the why. The subcommittee thinks about the how.

Phase one isn't everything that we had envisioned it to be. Is our next priority to get the rest of phase one implemented? Or do we look at all phases? We need to ask ourselves prioritizing questions.

Roland detailed the proposed subcommittee structure:

1. Front Door – Will focus on level of care issues
 2. Regional Collaboration –creating a no wrong door concept. Deanna is leading work.
 3. Follow-up assessments – Jim Rosmarin will assume responsibility.
 4. Single aging waiver – led by Judy Patterson and will examine the issues around this.
 5. Long-term Care Consumer Guide – This group will focus on including HCBS and getting down to the provider level, including customer satisfaction.
 6. Non-Medicaid supports – dabbling into phase 4. ODA recently received a small grant to do non-Medicaid nursing home diversion. Process of implementing in southern Ohio.
 7. ACF/RSS –what is the role of foster care in Ohio's long-term care system? Experts say we have a robust NF and HCBS but lacking other supports.
 8. Barriers to community living – We know there are barriers preventing people from moving to one system from another.
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Riley said that the next time we meet we should know the budget outcome. We can discuss what may have changed and the work we need to do around that. We also agreed that there is a lot of work going on at the federal level and we need to discuss that at these group meeting. I am very excited about the steps we're taking forward. It's pretty phenomenal that we're taking these steps in such a tight fiscal environment. But they are just first steps.