



**Unified Long Term Care System (ULTCS) Workgroup
Minutes
August 20, 2009**

MEMBERS PRESENT

Becky Maust, ODH
Betsy Johnson, NAMI Ohio
Bill Sundermeyer, AARP
Brian Allen, UCHINC
Cristal Thomas, EMMA
Hugh Wirtz, Ohio Council
Janet Grant, Care Source/OAHP
Jean Thompson, OALA
Jim Adams, Geauga ADAMHS Board/OACBHA
Joe Ruby, AAA 10B
Kathleen Anderson, Ohio Council for Home Care & Hospice
Mark Davis, OPRA
Mary Butler, Ohio Olmstead Task Force
Robert Applebaum, Scripps Center
Sarah Curtin (for Cynthia Burnell), ODI
Steve Peishel, OBM

ODA STAFF PRESENT

Barbara E. Riley
Roland Hornbostel
Mary Inbody

HANDOUTS

8/20/09 Agenda
ODA Budget Recap
HB 1 Initiatives
HB 1 Implementation Gantt Chart
Enrollment Management FAQs
ULTCS Workgroup Structure
7/14/09 ULTCS Minutes
Project 2020 & Veterans Directed
Home & Comm.-based Services

Welcome and Opening Remarks

Chairperson Barbara Riley opened the meeting at 1:00 pm, and introductions were made.

ULTCS Appointments/Reappointments: In response to a prior question raised about ULTCS gubernatorial appointments, Barbara announced that prior appointments stand – no reappointment is necessary. ODA is reaching out to several other organizations to add to the roster for the second phase of the ULTCS work and asked members for input. It was suggested that adult care facilities (ACFs) be added.

Minutes approval: Joe Ruby moved that the July 14, 2009, minutes be approved, and Bill Sundermeyer seconded the motion. Motion was approved without dissent.

Budget Recap: Barbara reviewed for those present, the handout, ODA Budget Recap, reminding them that despite budget reductions in the final version of HB 1, ULTCS has tools to be able to move forward in its work.

HB 1 Implementation Team

Roland Hornbostel reviewed in detail the three handouts related to HB 1 implementation. He highlighted each of the HB 1 initiatives, nearly all of which were recommendations of the ULTCS Workgroup or one of its subcommittees. Key points mentioned include the following:

- Only ODA initiatives stemming from HB 1 are encompassed on the Initiatives list; items from other departments' budgets are not included.
- PASRR rule changes have been filed and public hearing scheduled.
- Front Door subcommittee survey data is being analyzed in preparation for implementation of the PASRR rules, to be followed by training and the level of care work. Because of the open-ended nature of the questions, it is taking longer to analyze. Results will be disseminated.
- Choices candidates must first be enrolled in PASSPORT, and self-directed care becomes a family effort for older adults.
- The group was assured that consumers were assessed based on ability to manage activities of daily living, e.g., functionality rather than by diagnosis.
- HB 1 Gantt Chart defines the timeframe for all of the initiatives.

Enrollment Management FAQ

Barbara stated that the aging network's enrollment is not closed; it is simply being managed, and managing enrollment is a tool to gauge demand and need. The Department is reviewing daily enrollment reports on Assisted Living, PASSPORT, PACE and Choices.

Roland stated that the aging network is able to enroll 680 per month in Medicaid-funded programs. Barbara and Roland provided clarification on managed enrollment, accounting for those who disenroll. There is no waiting list by program, but for home- and community-based programs as a whole. ODA is monitoring waiting list patterns and reserves the right to adjust caps as necessary. In regard to presumptive eligibility, PASSPORT sites gather enough information to predict with relative accuracy, whether someone is Medicaid-eligible. Waiting lists are monitored daily to be able to reallocate unused slots. Quarterly reforecasting is important. The 680 cap is based on projected costs for services last year; if consumers opt for a more expensive option (e.g., Assisted Living, rather than PASSPORT), cap may need to be lowered. Today (August 20, 2009) the waiting list is 120, but most sites have exceeded their August enrollment. Each month enrollment cap is expected to be reached earlier in the month until by November when the waiting list may be so lengthy that consumers end up waiting more than a month for enrollment. Once that occurs, the waiting list may stop growing because people will assume the program is closed.

Home First is the exception; it is available to current nursing facility residents who choose a home- and community-based services option, and can thereby "skip" the waiting list. To date, 118 moved from nursing homes effective August 18th. ODA is in process of developing Home First marketing materials. Those on RSS can use Home First, but few do. (Note that RSS does not draw federal match.) Home First does not yet apply to PACE, but it will, effective October 16, 2009.

Hospitals cannot discharge to a waiting list, so the Department has explored using Home First, but since nursing facilities are paid mostly by Medicare, there are funding complications to be addressed.

RSS line item, separate from the Unified Long-term Care line item, took a greater hit in the budget. On July 20, 2009, RSS enrollment closed and is expected to remain closed for the biennium. ODA is working to transfer some funding from the 2011 appropriation in order to prevent disenrollment. The July waiting list for RSS was approximately 100.

Project 2020 & Veteran Directed Healthcare Overview

Marc Molea's PowerPoint provided an outline of Project 2020. The National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (NAAA) worked to get Project 2020 into national healthcare reform debate.

ODA is working in partnership with Ohio's Veterans Integrated Service Networks (VISN) on the Veteran-Directed Healthcare Initiative. Barbara Riley commented that this effort, in some respects, takes us to Phase 4 of the work, non-Medicaid services. It was noted that all but one Area Agency on Aging have some care coordination programs for the non-Medicaid eligible.

Structure for ULTCS

Mission/Values Discussion: Several provided suggestions for improving upon the mission statement.

Mary Butler made language suggestions including the addition of "according to the Olmstead decision."

Regarding "facility- and home-based services," Jean Thompson reminded the group that assisted living lies somewhere between the two.

Bill Sundermeyer suggested (and Mark Davis echoed) that inclusion of Olmstead language in mission is too limiting and has the potential to exclude any subsequent, more expansive legislation. As an alternative, it was recommended that the ULTCS Workgroup insert the Olmstead language in the Outcomes/Guiding Principles that work must be reflective of or consistent with the Olmstead decision. Mark Davis acknowledged his appreciation of the addition of workforce in the structure document.

ORIGINAL WITH CHANGES NOTED

Mission: To expand **establish** the system and budget for long-term-care services and supports **in the community** that unifies unify both and **better balance according to the Olmstead decision** the budgeting process for facility-based and home-based services and the system that delivers these supports; **that reflects consumer choice**; that supports Ohio's ability to accurately forecast expenditures for these services in future years; and that supports a workforce with sufficient capacity, accessibility and sustainability to deliver these services and supports.

Vision: Ohio's budget **system** for long-term services and supports will be: *flexible* to permit consumers to choose from a wide array of quality services based on their preferences and needs; *transparent* to policymakers **and consumers**; and a *cost-effective* solution to budgeting for the future service needs for Ohioans in need of long-term care who may eventually need Medicaid-funded supports.

Outcomes/Guiding Principles: Successful implementation of a unified long-term care budgeting **system** strategy promotes the following outcomes:

- **A system that is reflective of the Olmstead decision.**

REVISED

Mission: To establish the system and budget for long-term services and supports in the community that unify and better balance the budgeting process for facility-based and home-based services and the system that delivers these supports; that reflects consumer choice; that supports Ohio's ability to accurately forecast expenditures for these services in future years; and that supports a workforce with sufficient capacity, accessibility and sustainability to deliver these services and supports.

Vision: Ohio's system for long-term services and supports will be: *flexible* to permit consumers to choose from a wide array of quality services based on their preferences and needs; *transparent* to policymakers and consumers; and a *cost-effective* solution to budgeting for the future service needs for Ohioans in need of long-term care who may eventually need Medicaid-funded supports.

Outcomes/Guiding Principles: Successful implementation of a unified long-term care system strategy promotes the following outcomes:

A system that is reflective of the Olmstead decision.

Action Steps:

ODA will review the comments on mission language and send a revised version via email to try to reach concurrence prior to the next meeting.

In response to Mary Butler's comment about the lack of an Olmstead plan for Ohio, it was suggested that the Administration be asked to present a formal response at a future ULTCS Workgroup meeting.

Roland announced that for this biennium most subcommittees are anticipated to come in and out of existence on an ad hoc basis because of the evolving nature of the work within the fiscal constraints of our budget environment. However, several standing subcommittees are still needed:

1. Front Door Subcommittee to focus on level of care and PASRR.
2. Consumer Council to advise ULTCS Workgroup and Home Choice.

Instruments developed will then be presented to the full Workgroup, e.g., enhanced community living to "fill the middle" between nursing homes and community, workforce tools, nursing facility diversion definition and measurement.

Future agendas are expected to be specific to particular topics embedded in the work and resulting from the first phase of the ULTC Budget Workgroup.

Bob Applebaum urged the group to pay attention to milestones while keeping their eyes on the horizon – the four-year plan.

Action Step:

It was suggested that the group be given an update on the big picture at the beginning of each meeting.

Bill Sundermeyer asked about the status of legislative appointees and asked the group to think about strategic times for legislative presentations, e.g., the new Aging and Disabilities Committee.

Action Step:

ODA will continue to pursue specific legislative appointees to the ULTCS Workgroup. (Note: Subsequent to the meeting, ODA was notified that Senators Cafaro and Jones have been appointed to serve on the ULTCS Workgroup.)

Future Meetings

Several mentioned conflicts with the proposed meeting schedule.

Action Step:

*ODA will revisit the previously proposed schedule. Meanwhile, the **September meeting has been cancelled.** (See below for revised schedule, based on third Thursday of every **even-numbered** month, for the remainder of the biennium.)*

2009

October 15
December 17

2010

February 18
April 15
June 17
August 19
October 21
December 16

2011

February 17
April 21
June 16

Proposed agenda items:

- The Big Picture Update
- Ratification of Structure (if not already accomplished by email)
- Enhanced Community Living
- Diversion
- Olmstead Plan response

Adjournment

Meeting adjourned at 4:10 pm.