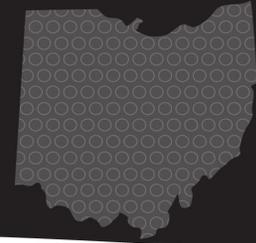




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Unified Long-Term Care Systems Workgroup Service Array Subcommittee

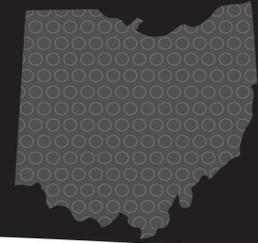
PRELIMINARY RECOMMENDATIONS

September 7, 2010



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Service Array Subcommittee:

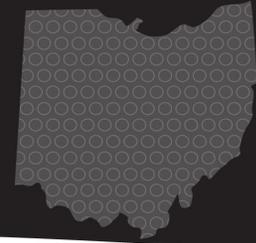
The purpose of the Service Array Subcommittee is to provide the Unified Long-Term Care Systems (ULTCS) Workgroup with policy and strategy recommendations that:

- Address identified gaps in the LTSS delivery systems for specific populations.
- Augment the services provided by formal and informal caregivers.
- Advance participant-directed programs and opportunities.
- Address the potential role of the Residential State Supplement program.
- Further explore opportunities for linking housing and services.
- Advance the use of the new ODJFS Home Care Attendant Service
- Provide greater linkages to transportation.
- Explore the role of technology in the LTSS system.



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Populations:

As gaps in the current delivery system were identified, population groups that seemed to have a less developed delivery system include but are not limited to:

- Consumers under 60 with Alzheimer's;
- Consumers who have suffered a traumatic brain injury; and
- Consumers with serious mental illness.

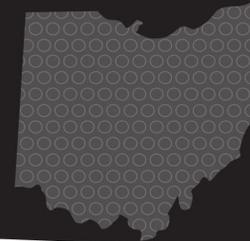
The consumer's ability to access services in a way that provides a meaningful choice of setting should not be limited by the consumer's specific disability or disabilities, but instead should be focused on the consumer's needs.

The long term care delivery system should include the services necessary to provide meaningful choices so that each consumer can receive services in the setting he or she prefers.



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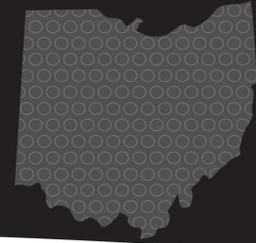
Service Array Subcommittee

Preliminary Recommendations



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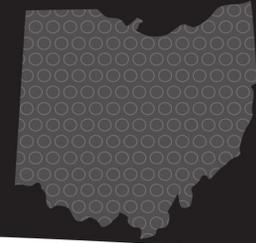
Developing Recommendations:

- Workgroup members were asked to provide a "gap analysis" identifying gaps in the delivery system from their perspective.
- Those gaps were linked to previous recommendations from the unified long-term care budget process.
- The documentation created served as the basis for conversation and was used to identify areas for further research, discussion, and ultimately to frame the recommendations that follow.



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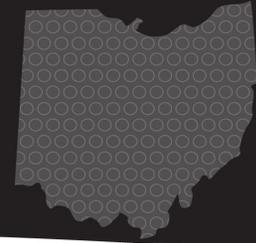


The Service Array Subcommittee recognized that reducing gaps in the delivery system across populations was key to achieving meaningful choice for all consumers who need long-term services and supports.



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The subcommittee has developed specific recommendations in the areas of:

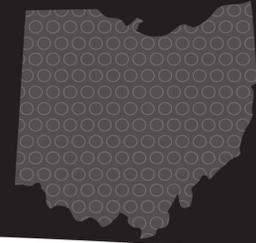
- I. Discharge Planning
- II. Transportation
- III. Housing
- IV. Service Coordination
- V. Consumer Direction
- VI. Telehealth

We anticipate the development of additional recommendations and will provide those in the coming weeks.



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I. Discharge Planning Recommendations:

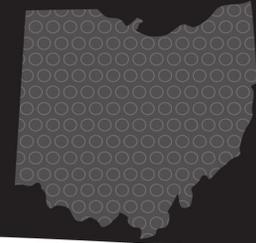
Discharge planners in both nursing homes and hospitals need the knowledge and skills to assist consumers in choosing the settings and services that best meet their needs and support their goals.

1. Develop a tool kit that can be used across settings to identify resources, both for services and information to support the consumers as they transition to the settings they choose with services to support their goals.
2. Develop a tool to assist in determining the options that best meet each consumer's needs.



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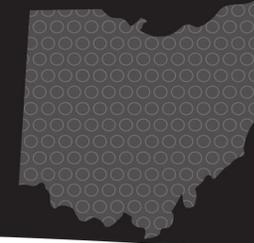
I. Discharge Planning Cont'd:

1. Develop resources accessible to consumers and their families which support their choices, their ability to access services that meet needs that change over time, and the role of informal caregivers in the delivery system for long term services and supports.
2. Create care support centers in hospitals where consumers and caregivers can utilize resources in accessible formats, including educational videos, print and online resources, and can connect with services and supports within their communities.
3. Explore the need for requirements for qualifications, certification, education and/or continuing education for discharge planners in hospitals and nursing homes.



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II. Transportation Recommendations:

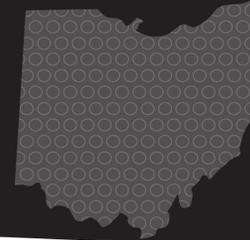
Ensure consumer access to affordable, accessible transportation to support the choice of setting, the consumer's participation in the community and access to health care.

1. Explore legislative action to limit the liability of volunteer drivers in community transportation programs and develop legislation as determined to be appropriate.
2. Develop a health and human service transportation plan that ensures health and human services options are coordinated and addressed.
3. Streamline state rules and regulations regarding service delivery and advocate for federal changes where barriers are identified so that funds can flow quickly to providers.



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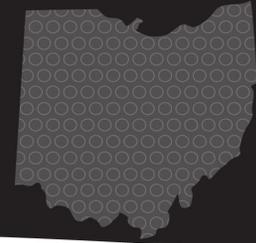
II. Transportation Cont'd:

1. Create a comprehensive inventory of transportation service providers with an on-line service directory. Build on ongoing efforts at ODOT as appropriate.
2. Replicate local and regional models that have proven successful.
3. Explore reimbursement models that encourage group trips and ride sharing when appropriate to increase access to limited resources. The role of consumer choice and consumer direction should be considered as reimbursement models are explored.
4. Establish an Executive Council for Transportation Coordination (ECTC) reporting to the Governor, with representatives of state agencies, providers, consumers, and the General Assembly, charged with developing a plan to implement these recommendations across systems.



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III. Housing Recommendations:

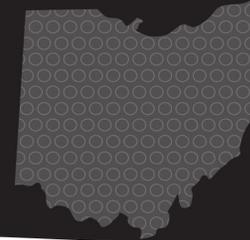
Any toolkits or resources developed to assist consumers with disabilities in living in community settings should include materials to assist in accessing housing.

Develop resources to provide accessibility modifications in rental housing.



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III. Housing Cont'd:

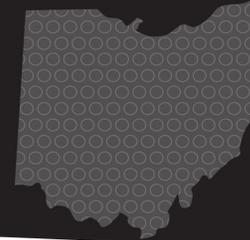
Expand Permanent Supportive Housing for individuals with disabilities as outlined in the Interagency Council on Homelessness and Affordable Housing Permanent Supportive Housing Policy Framework.

1. Increase capital and operating support for accessible housing to meet the needs of consumers accessing long term services and supports.
2. Provide priority access for consumers currently institutionalized and ready to transition to a community setting and to those consumers at risk of immediate institutionalization.



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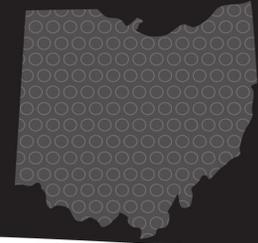
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IV. Service Coordination Recommendations:

Expand the availability of service coordinators in Ohio's affordable housing to better assist consumers in achieving their goals in the setting they choose.

1. Increase access to sustainable service coordination in affordable housing, including senior housing and permanent supportive housing for chronically homeless individuals and non-elderly people with disabilities.
2. Support the Interagency Council on Homelessness & Affordable Housing to leverage federal, state, local and private resources and develop consistent policy for Ohio's housing and social service agencies.



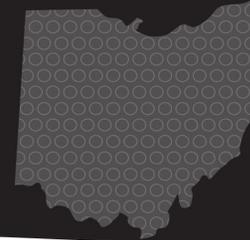
IV. Service Coordination Cont'd:

3. Investigate options for funding service coordination, including service coordinator grants and Ohio Housing Trust Funds.
4. Educate local entities about the ability to access funds for service coordination and the ways in which funds can be accessed.



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V. Consumer Direction Recommendations:

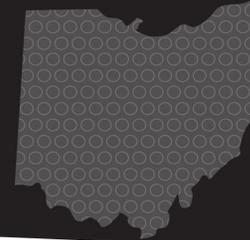
Continue to develop opportunities for self-direction in Ohio's delivery system for long term services and supports.

1. As a long term objective, cash and counseling programs should be explored as components of the delivery system for long term services and supports.



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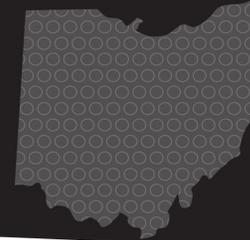
V. Consumer Direction Cont'd:

1. Build on the experience developed in Centers for Independent Living and through Home Choice by offering support coaching and independent living skills training to consumers who are not participants in that program. (Support coaching and independent living skills training are core services mandated in federal law to be provided by every CIL in the country.)
2. Build on efforts to develop local cooperatives that have taken place in some communities and that are being developed as a tool to achieve balance in the delivery system through the Home Choice project by developing tools to facilitate the development and operation of personal assistance cooperatives in communities throughout Ohio.



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VI. Telehealth Recommendations:

1. Create a telehealth task force comprised of public and private entities to eliminate regulatory barriers impeding the use of telehealth and to coordinate telehealth initiatives across systems and payers.
2. Conduct pilot programs for the rendition of medical services using telemedicine that evaluate the management of, and treatment of patients with congestive heart failure, diabetes or diabetes related conditions.
3. Establish reimbursement policies that require medical and other health care services rendered via telehealth to be reimbursable to the same extent such services would be reimbursed if rendered in person.