

Ohio

Department of
Aging



Ohio's Progress Toward a Unified Long-term Care Budget

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For nearly four years, the state's Unified Long-term Care System (ULTCS) Workgroup, which was created by the General Assembly and Governor Strickland in H.B. 119, has been working to re-engineer our state's long-term care system into one that controls Medicaid spending and is based on choice, not funding streams. The workgroup, led by the director of the Ohio Department of Aging (ODA) and consisting of consumer advocates, providers and state policymakers, was charged with creating a budget for Ohio's long-term services and supports that would be: flexible to permit consumers to choose from a wide array of quality services based on their preferences and needs; transparent to policymakers; and a cost-effective solution to budgeting for the future long-term care service needs of Ohioans. In 2008, the workgroup unanimously approved more than 120 recommendations, many of which have been implemented.

After focusing its first set of recommendations on today's seniors, the ULTCS Workgroup is now examining how our state's system can better address the needs of the burgeoning number of baby boomers (nearly 15,000 Ohioans turn age 60 every month), as well as adults with disabilities. The workgroup has organized this focus around six categories: balance and funding, eligibility, integration and care management, service array, workforce and front door. Subcommittees with the same names were charged with creating recommendations for full-member consideration. Each subcommittee was instructed to determine improvements that could be implemented in Ohio's FY 2012-2013 biennium budget. From this direction, the ULTCS Workgroup unanimously approved 26 recommendations in fall 2010.

A balanced unified long-term services and supports system is more than policy. Helping Ohioans access home- and community-based services (HCBS) is the law. In *Olmstead v. L.C.*, the U.S. Supreme Court ruled that unnecessary segregation of persons with disabilities is discrimination under the Americans with Disabilities Act. By law, a state must provide community-based treatment to qualified individuals when:

- The state's treatment professionals determine it is the most appropriate setting;
- The person (or authorized representative) does not oppose home- and community-based treatment; and
- Placement can reasonably be accommodated taking into account the resources available to the state, including consideration of the needs of others.

Ohio is showing its compliance with this Supreme Court decision by developing a plan and strategies to make certain that individuals with disabilities have options to live in their community.

There are also significant budget consequences of Medicaid long-term care. As Ohio's economy continues to recover from the worst recession since the Great Depression, Medicaid spending now consumes 40 percent of the state budget. The elderly and disabled make up 20 percent of those on Medicaid, yet account for 68 percent of costs, including 70 percent of Ohio's nursing home care. Expanding HCBS, which most consumers say they prefer, could reduce that expense.

Although there always will be a need for nursing facility services for those who wish them, and for those whose care needs cannot be met in the community, the cost figures on the next page indicate the difference in cost to the State of Ohio:

Service/Program	Per-Member Per-Month Cost (includes state plan services)
PASSPORT	\$1,400
Nursing Facility	\$4,231

**Source ODJFS Decision Support System – SFY 2009 data*

Since the formation of the ULTCS Workgroup, Ohio has made great strides in establishing a unified long-term care system that is based on consumer choice. Those accomplishments, as well as recommendations for further progress, are described in the following report (a requirement of H.B. 1).

Diversion and Transition of Individuals from Nursing Facilities

One of the tools to better balance Ohio’s long-term care system is the diversion and transition of individuals from nursing facilities to home- and community-based settings (HCBS) for those who can and want to be in the community. The basis of the initiative was a requirement of H.B. 1 and was previously recommended in other government reports and workgroups, including the Auditor of State’s Medicaid Performance Audit and the Ohio Commission to Reform Medicaid.

Ohio’s aging network is at the forefront of nursing facility diversion and transition efforts, and is using previous ULTCS Workgroup recommendations as strategies. To keep consumers in HCBS, rather than disenrolling them to more expensive nursing facility settings, care plan costs are allowed to rise as consumers’ needs increase. Several PASSPORT Administrative Agencies (PAAs) have developed relationships with their local hospitals. PAA staff members are available at the hospital’s disposal to meet with patients who are approaching discharge in order to educate them about their options.

Hospitals also are required to submit a form to the PAA for any of their patients who enter a nursing facility for a short-term convalescent stay. If the individual is still in the nursing facility after 30 days, the PAA will visit the consumer with the intent of helping him or her move back into the community as appropriate.

Beginning in October 2010, the assessment process for nursing facility residents was revised to collect additional information about the resident’s desire to return to a home- and community-based setting for services. This information is being made available to community living specialists who then can follow up with the resident.

According to the Scripps Gerontology Center of Miami University, from March through November 2010, Ohio’s aging network transitioned more than 2,300 individuals into HCBS using either a diversion or transition strategy. In only seven months’ time, 2,327 individuals are receiving care in their preferred setting at an annualized savings of \$79 million. If these individuals remain on PASSPORT for the average tenure, 39.7 months, the total savings to Ohio will be \$260 million. (These two savings estimates are calculated using the per-member per-month cost on page one.) This illustrates the often overlooked connection between nursing facility and HCBS services.

Scripps Gerontology Center recently began evaluating the diversion and transition efforts and is tracking the outcome of consumers now in the community. The research will identify best practices to enhance the number of individuals diverted, thus saving the state more dollars.

The HOME Choice program, which is part of the federal Money Follows the Person (MFP) demonstration grant designed to reward states for moving long-term nursing facility consumers into the community, has been an integral part of this successful initiative. The project pays for some services not funded by Medicaid, including housing assistance and benefits coordination. The HOME Choice housing assistance is particularly helpful since consumers who have resided in a nursing facility for several months typically have lost their homes and do not have the means to set up a new place to live. The assistance provided by this program became even more helpful after the federal Affordable Care Act reduced the minimum stay requirement for eligibility from 180 days to 90 days.

While Ohio is beginning to successfully divert older consumers, the challenge remains with younger consumers. The fastest growing segment of the nursing facility population is individuals under 60, according to the Scripps Gerontology Center. Addressing this issue will require the breakdown of government silos around funding source, consumer age and health diagnosis, and an increased focus on consumer choice and need.

Nursing facilities play an essential role in the care continuum. There always will be a need for their services for those who wish them, and for those whose care needs cannot be met in the community. Many Ohio nursing facilities are listening to the desires of the people they serve and adopting person-centered care models. In these settings, there is a focus on quality of life. Each consumer establishes an individualized schedule of services, has consistently assigned caregivers and participates in decisions about his or her medical care. Research has found that person-centered care improves an individual's overall health and may reduce the facilities' costs.

Accomplishments Toward a Unified Long-Term Services and Supports Budget

In the last four years, Ohio has made many strides toward providing consumers with long-term care choices, with resulting Medicaid savings. These accomplishments are based mainly on the first set of the ULTCS Workgroup's recommendations, as well as H.B. 1.

1. H.B. 1 combined ODA's HCBS programs (PASSPORT, PACE, Choices and Assisted Living) into a single budget line. This action ensures that individuals have access to the program they choose that best meets their needs, regardless of funding stream. A single budget line ends the practice of allocating resources to specific ODA programs in ways that could create waitlists for one program, while openings existed in another. To further create a unified long-term care system, ODA has proposed integrating its long-term care expenditures line with the ODJFS similar budget line in FY 2013, which was a recommendation of the ULTCS Workgroup in 2008.

H.B. 1 established quarterly meetings among ODA, the Ohio Department of Job and Family Services (ODJFS) and the Office of Budget and Management to forecast both HCBS and nursing facility expenditures and transfer funds as available and necessary. If the demand for HCBS exceeds our funding levels, and if nursing facility usage is lower than projected, ODA can access dollars for HCBS from the Nursing Home Stabilization Fund at ODJFS. In March 2010, the waitlists for ODA's home- and community-based programs were eliminated when Governor Strickland moved dollars from JFS to ODA's long-term care line.

2. In the past four years, more than 42,000 Ohioans have enrolled in home- and community-based services. With 31,647 seniors enrolled in PASSPORT (as of December 2010), Ohio has the third largest home- and community-based Medicaid waiver program in the country.
3. The number of slots available for Ohio's Assisted Living Medicaid Waiver Program has more than doubled, from 1,800 in 2006 to more than 4,000 in 2010, giving thousands more consumers the right to choose to live among their families and friends in their community. As of December 2010, 2,619 Ohioans are enrolled in this waiver program.
4. The Home First provision in law, which allows nursing facility residents to sidestep waitlists in the event of limited enrollment for ODA's HCBS programs, was expanded to also include those at risk of immediate nursing facility placement. This provision now extends to older adults leaving hospitals or in abusive and self-neglect situations, as well as those who have depleted their assets in assisted living, or whose physicians have certified that their patient is at risk of nursing facility placement within 30 days.
5. To make informed long-term care choices, consumers need to have adequate and accurate information, which results in more appropriate and less costly long-term care settings and lower nursing facility usage. To educate the baby boomer population about the crucial need to plan now for future long-term care needs, ODA and the Departments of JFS and Insurance were part of the joint federal-state initiative, "Own Your Future." The U.S. Department of Health and Human Services mailed letters to 1.7 million Ohio households with residents between the ages of 45 and 65, offering free copies of an Ohio-specific long-term care planning guide. Twenty-one percent of those targeted ordered the guide, a response rate well above the national average of six percent. ODA is developing a more targeted public education program to extend this effort.

6. In early 2011, the new Enhanced Community Living (ECL) service will be available to PASSPORT consumers. The service promotes aging in place by offering residents of affordable, multi-family housing on-site access to a range of interventions that will help delay or prevent the need for nursing facility care. ECL will provide necessary services, such as personal care, daily wellness checks and chronic disease education, in a more flexible format for smaller amounts of time than what is available with the traditional personal care delivery service in the PASSPORT waiver.
7. The principle that older adults deserve to make, and are fully capable of making decisions about the care they receive is driving Ohio's move to more consumer-directed care. In 2009, the Choices Medicaid Waiver Program, where the consumer serves as the "employer of record," was expanded to northwest Ohio, making it available in four areas of the state (the other areas are Rio Grande, Marietta and Columbus).

While agency providers will continue to be an important service delivery option, in 2011, consumer-directed care will be available to PASSPORT participants across the state when individual providers are incorporated into the Medicaid waiver program. This will give PASSPORT consumers the option to hire and, if necessary, fire their individual provider.

8. The federal Affordable Care Act modified the HOME Choice program (also known as the Money Follows the Person demonstration grant) by shortening the required period of institutionalization from 180 to 90 days, giving more nursing facility consumers of all ages the opportunity to return to their community and receive care.
9. Since December, 2009, hospitals have been required to submit a form to the local PAA for any of their patients who enter a nursing facility for a short-term convalescent stay (defined as 30 days), regardless of consumer's payment type. Prior to this requirement, the state was only made aware of long-term nursing facility stays. This strengthened PASRR (preadmission screening and resident review) process ensures that the state knows about all nursing facility admissions and can work to make certain that consumers are served in the most appropriate setting that meets their needs.
10. In July 2008, ODA launched an online rental housing database for communities, seniors and people with disabilities. OhioHousingLocator.org has had more than 112,000 visitors. More than 47,000 of those hits came from January to December 2010, reflecting a 12 percent increase in traffic from the previous year. The website also provides links to other housing resources, including foreclosure prevention and universal design.
11. Expected to launch in early 2011, the web-based State Profile Tool will provide policymakers and stakeholders with a high-level view of Ohio's long-term care system; track progress toward serving more consumers in the community; identify opportunities for improved coordination among programs and other health and social services; acknowledge successes; and identify service gaps.
12. A restructured and more cohesive and consistent process for determining rates for HCBS providers is providing extra transparency.
13. A revised Certificate of Need process now allows for the transfer of nursing facility beds from a county with excess beds to any county in need of beds without increasing the statewide total. Ohio has had a moratorium on certifying new nursing facility beds since 1993 when it was determined there were enough to meet demand.

II. SHORT-TERM RECOMMENDATIONS OF THE UNIFIED LONG-TERM CARE SYSTEMS WORKGROUP

In fall 2010, the ULTCS Workgroup unanimously passed 26 recommendations. Some recommendations are expanded elements of initiatives already in place. In those instances, details are expanded upon. An implementation matrix is included as an addendum to this report.

A. BALANCE & FUNDING RECOMMENDATIONS

The Balance and Funding Subcommittee's charge was to:

- Define "balance" and explore how to bring "it" to Ohio's long-term services and supports system;
- Explore how to ensure future sustainability of long-term services and supports; and
- Recommend how Ohio can better align its funding based on consumer choice and to serve consumers needing behavioral health services.

1. Recommendation: Balance: To define the goal of balance for the home- and community-based services and nursing facility services as "Ohioans have access to the long-term services and supports that they need in the settings of their choice."

As the word "balance" drives the majority of its efforts, the workgroup defined the term in order to frame their work. To measure Ohio's progress toward balance, we are also recommending three-year performance goals:

1A. Within three years, services provided to Ohioans age 60 and over with physical or cognitive disabilities, and who are receiving long-term services, will reflect a 50/50 distribution between institutional services and HCBS. (In 2007, this distribution was 62/38 between institutional and HCBS services. Ohio is making progress; by 2009, the distribution was 58/42.)

1B. In the same timeframe, services provided to adults 59 and younger with physical or cognitive disabilities will reflect a 40/60 institutional/HCBS distribution. (In 2007, distribution was 50/50 between institutional and HCBS services.)

These benchmarks are an interim step toward the longer range goal of a balanced system where every consumer is being served in the setting of his or her choice. Once these distributions are achieved, the ULTCS workgroup will establish new targets.

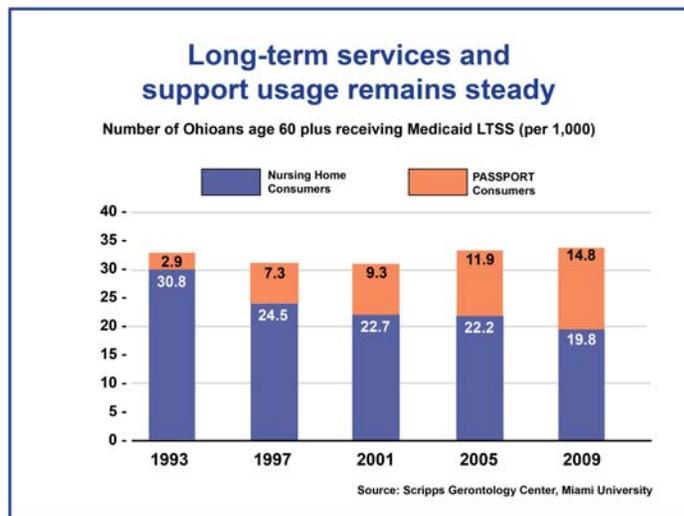
If ODA's programs receive the funding needed to prevent waitlists in the FY 2012-2013 biennium, Ohio will reach a 50/50 distribution between institutional and HCBS services for Ohioans age 60 and older within those two years. The cost avoidance for meeting this goal is \$500 million over the FY 2012-2013 biennium. (This savings estimate was calculated using ODA's Long-term Care Savings Calculator.) When the State Profile Tool is operational early next year, cost avoidance estimates for the balancing goal for those adults with physical or cognitive disabilities age 59 and under will be able to be projected accurately. Ultimately whether Ohio reaches these benchmarks or not will be determined by the choices of our state's policymakers.

The balancing goals are based on the number of consumers served by Ohio's long-term care system rather than tied to expenditures. This is because other factors that have little to do with measuring

progress toward balance often drive funding patterns. One example is the recent increase in the franchise fee and the “bundling” of additional services into the nursing facility reimbursement rate. The increase in the proportion of consumers served in HCBS settings directly correlates to Medicaid cost avoidance. The Workgroup also eschewed the popular method of comparing Ohio’s long-term care system to other states, since each state has its own set of circumstances.

This rebalancing effort does not result in an increased proportion of older Ohioans using long-term care services but rather encourages a change in where the consumer receives services. As the chart below demonstrates, the proportion of consumers accessing long-term care has remained steady over the years, but the distribution has changed with more individuals receiving services in the home or community. It is the change in demographics that increases the raw number of consumers.

(Note: the number described below is the total number of Ohioans age 60 and over receiving Medicaid long-term care.)



2. Recommendation: Expand Home First: Apply the expanded Home First concepts of imminent risk of nursing facility placement to the Ohio Home Care waiver to prevent individuals from entering nursing homes unnecessarily.

Many consumers cannot wait for care; they need it the day they apply. In waitlist situations for HCBS, individuals often are forced to enter a nursing facility so that their immediate needs are met. Recognizing that these settings are more costly than HCBS, the legislature created the Home First provision in law. This allows nursing facility residents, as well as those who are at imminent risk of nursing facility placement, to sidestep waitlists in the event of limited enrollment for ODA’s home- and community-based services. The law defines “imminent risk” of nursing facility placement as older adults leaving hospitals or in abusive and self-neglect situations, as well as those who have depleted their assets in assisted living, or whose physicians have signed that their patient is at risk of nursing facility placement within 30 days.

The supports available through the Ohio Home Care Waiver are similar to those available through PASSPORT. The main difference is that the Ohio Home Care waiver is for adults under the age of 60. As is also the case with older Ohioans during waitlists periods, many younger consumers cannot wait for supports in their community and have to enter a facility for care. By expanding Home First concepts to the Ohio Home Care Waiver, we can provide consumer choice and reduce Medicaid expenditures for this segment of the population.

3. Recommendation: Statewide ADRNs: Expand the role of area agencies on aging (AAAs) as lead agencies in Aging & Disabilities Resource Networks (ADRN) through the following:

3A. Secure funding through the Affordable Care Act and Money Follows the Person (MFP) to further ADRN expansion;

3B. Determine how best to move Ohio's ADRN effort forward and what leadership the state should provide; and

3C. Create a subcommittee under Balance and Funding to further develop ADRN activities.

Recognizing that one system cannot fully address the needs of all consumers, Ohio is building a statewide Aging and Disabilities Resource Network, with the AAAs as the lead organizations. Ohio adopted the "no wrong door" model for its ADRN to build on the existing, locally controlled infrastructure designed to serve people in their communities. Through collaborative activity among the many organizations that provide long-term services and supports, the ADRN provides information about available long-term care options and streamlined access to publicly funded and private pay services for older adults, adults with physical disabilities and their caregivers. This increased access to information is another piece of the foundation for moving the balance needle and decreasing reliance on Medicaid and nursing facilities.

From the consumer's perspective, an ADRN helps them obtain the services and supports they need as if they were dealing with one organization. In the "no wrong door" model, no one organization is expected to be a subject matter expert for all long-term services and supports, but rather, relationships between organizations behind the scenes ensures that both Medicaid and non-Medicaid consumers get to the right organization to meet their needs.

Since AAAs are not experts in disability supports, they are developing relationships with their local Centers for Independent Living to develop their local ADRN. The AAAs in areas where a Center for Independent Living doesn't exist are working with other similar organizations. Many AAAs have had long-standing relationships with their local alcohol, drug addiction and mental health (ADMH) or mental health boards and developmental disability boards and are using those existing relationships to form their local ADRN.

As of November 2010, ODA has designated five AAAs as ADRNs. The areas of the state covered by an ADRN are: Lima, Toledo, rural southern Ohio (AAA located in Rio Grande), Cleveland and Akron/Canton. It is anticipated that all AAAs will offer ADRN services by September 2012.

Another key component of Ohio's ADRN is ConnectMeOhio.org. This interactive web-based service helps people of all ages who have service and support needs to learn about programs and services in their communities. Other tools available to assist consumers include Ohio's web-based housing locator (Ohiohousinglocator.org), the long-term care consumer guide (Itcoho.org) and the Benefit Bank (OBB.Ohio.Gov).

4. Recommendation: Mental Health Transition Pilot: Support individuals with severe and persistent mental illness to relocate from nursing facilities to community settings and to be supported by the assistance of Medicaid and non-Medicaid services in those settings.

Scripps Gerontology Center estimates that at least 2,000 Ohioans suffering from mental illness call a nursing facility home because they have no other place to go. Accessing community-based housing supports is a significant challenge for this population. While some programs allow them to live in the community, these have not kept pace with inflation or demand. Many of the existing community-based supports have actually shrunk because of the recession's effect on Ohio's General Revenue Fund, and as a result, many individuals are left waiting for care, living in a facility not designed to meet their needs.

Medicaid is not available to those living in a facility that is determined to be an Institution for Mental Disease (IMD), by the Centers for Medicare and Medicaid. This is another significant hindrance preventing many from living in the community, which is where they want to be and where they can receive the best support for their illness. The IMD Medicaid exclusion prohibits those in need from being able to benefit from a specially designed Medicaid waiver. The Affordable Care Act does include a new 1915i state plan option that may be a solution to this obstacle. The subcommittee acknowledges, though, that such a course of action is not realistic for a short-term recommendation.

An action that can improve the home- and community-based options for individuals with mental illness in the near term is establishing a pilot project modeled after the Money Follows the Person (MFP) initiative. Consumers with a severe mental illness living in a nursing facility could move into the community, and the resources used for their care in the institutional setting could follow them.

The subcommittee also recommends that Ohio explore using federal incentive funds that Ohio receives through MFP to create a technical assistance advisor for behavioral health transition coordination. This person could:

- Design and implement training and education materials for all transition coordinators in the state in order to increase knowledge of resources and problem solving specific to individuals with severe and persistent mental illness; and
- Provide individual technical assistance to individuals seeking to relocate to community settings, as well as to the transition planners working with those individuals.

5. Recommendation: Affordable Housing Grantseeking Team: Individuals and associations represented on the Balance and Funding Subcommittee should commit an appropriate level of in-kind support toward an informal team to identify and pursue grant opportunities (e.g., HUD, OFHA, etc.) for housing and related supports for individuals with severe and persistent mental illness who would like to live in the community.

6. Recommendation: Provider Reimbursement Rates: Establish appropriate reimbursement rates for all LTC providers sufficient to ensure sustained quality of care for all consumers.

B. ELIGIBILITY RECOMMENDATIONS

The Eligibility Subcommittee's charge was to make recommendations regarding:

- Streamlining the Medicaid eligibility process for consumers; and
- Ensuring that standards and rules for Medicaid eligibility equalize consumer access to a full array of long-term services and supports.

7. Recommendation: Ensure financial eligibility timeliness: Establish a workgroup of participating state agencies and stakeholder organizations to provide input to ODJFS regarding monitoring and evaluation of county eligibility processing and efficiency to expedite the eligibility process; identify areas that could benefit from process improvement; allow suggestions for consideration in the development of process improvement, and recommend changes to laws or rules that might expedite the process.

8. Recommendation: Eliminate face-to-face assessments: Eliminate the requirements for face-to-face interviews for initial applications for Aged, Blind and Disabled Medicaid benefits.

10.* Recommendation: Allow patient liability offsets: Identify possible offsets to patient liability related to judgments against a recipient that would impact recipients of long-term care services and that are allowable under federal law.

11. Recommendation: Seek repeal of existing ORC limitations on participation by consumers in the Assisted Living waiver program.

Currently, consumers can enroll in the Assisted Living Waiver only if they are a nursing facility resident, a participant of a Medicaid waiver program that serves Ohioans age 60 and older or who have physical disabilities or a resident of a residential care facility for a minimum of six months. Consumers who are living in the community who meet the level of care requirement should be eligible to access the Assisted Living Waiver.

12. Recommendation: Expand Assisted Living Waiver eligibility: Apply the eligibility criteria and logic that is used in the PASSPORT waiver to Assisted Living Waiver applications as long as the PAA has developed a service plan for the consumer.

For the PASSPORT program, the PAA can presume that the consumer meets financial eligibility requirements and enroll the consumer immediately. The process for determining financial eligibility can proceed without delaying supports for the consumer. Currently, this method, known as presumptive eligibility, is not possible with the Assisted Living Medicaid Waiver. PAAs must wait for a final determination from the County Department of Job and Family Services (CDJFS). Because of staff reductions at many CDJFS offices, the determination may not be made for several months, during which time the consumer must wait to enroll. Most consumers need care the day they apply, which is why Ohio should change the Assisted Living Waiver eligibility determination to the one used in PASSPORT while still ensuring that the waiver requirement to develop a service plan prior to enrollment is met. This will allow for the quicker delivery of needed services.

C. INTEGRATION & CARE MANAGEMENT RECOMMENDATIONS

The Integration and Care Management Subcommittee's work centered on:

- Better coordinating the provision of acute and primary care services with LTSS;
- Providing opportunities to better coordinate Medicare and Medicaid-funded services; and
- Recommending specific strategies to better integrate health and health-related services for Ohioans in need of long-term services and supports.

13. Recommendation: Strategic Direction: Identify existing forums where state agencies and stakeholders can discuss issues and opportunities related to care integration and management.

14. Recommendation: Dual Eligible Integration:

14A. Seek legislation that would allow, but not require, Medicare Special Needs Plan (SNP) participants to enroll in a Medicaid managed care plan or continue enrollment in their Medicare plan. Continue to explore other options that would integrate the Medicaid acute benefit with dual Special Needs Plans (SNPs).

14B. Educate providers, case managers and consumers as to the requirements for Medicare, Medicaid and other programs to ensure that program benefits are used to the fullest extent.

14C. Work together to coordinate mailings and promotion aimed at informing dual eligibles of the Medicare SNP option.

15. Recommendation: Medical/Long-term Care Integration:

15A. Explore providing care coordination of the Medicaid acute benefit for Medicaid HCBS waiver participants.

15B. Deploy long-term care consultants in hospitals, based on facility and patient characteristics, to meet the needs of adults in need of long-term care supports and services.

15C. Develop area agency on aging/health care partnerships and train staff to implement evidence-based health coaching programs.

15D. Utilize and deploy existing resources, such as long-term care consultants, in large Medicaid physician practices and patient-centered medical homes to support patient access to available community-based programs and support.

15E. Expand and sustain evidence-based disease self-management programs, including but not limited to Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP) and Matter of Balance.

15F. Expand access to information, assistance/referral and long-term care consultations through Aging and Disability Resource Networks (ADRN).

15G. Include long-term care, home-care and area agency on aging representation in the IMPROVE (Implementing Medicaid Programs for the Reduction of Avoidable Visits to the Emergency Department), StAAR (State Action on Avoidable Rehospitalization) and Enhanced Primary Care Home initiatives.

16. Recommendation: Identify and Support Shared Consumers: Identify shared consumers and members, and provide long-term tools and short term education to support coordination of services.

17. Recommendation: Behavioral Health: Identify, support and deploy evidence-based behavioral health screening tools and protocols, and self-management interventions at transition points/critical pathways.

D. SERVICE ARRAY RECOMMENDATIONS

The Service Array Subcommittee was charged to:

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

18. Recommendation: Discharge Planning: 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.

18A. Develop a toolkit 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.

18B. Develop tool to assist in determining the options that best meet each consumer's needs.

18C. Develop resources accessible to consumers and their families that support their choices, their ability to access services that meet changing needs, and the role of informal caregivers in the delivery system for long-term services and supports.

18D. 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.

18E. Explore the need for requirements for qualifications, certification, education and/or continuing education for discharge planners in hospitals and nursing homes.

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

19A. Explore legislative action to limit the liability of volunteer drivers in community transportation programs and develop legislation as determined to be appropriate.

19B. Develop a health and human service transportation plan that ensures health and human services options are coordinated and addressed.

19C. 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.

19D. Create a comprehensive inventory of transportation service providers with an on-line service directory. Build on ongoing efforts at ODOT as appropriate.

19E. Replicate local and regional models that have proven successful.

19F. 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.

19G. Establish an Executive Council for Transportation Coordination, 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.

20. Recommendation: Housing: 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.

20A. Redirect funding spent on inappropriate institutionalization (e.g., prisons, jails, hospitals and nursing homes) to capital and operating support for accessible housing to meet the long-term services and support needs of consumers, including those with behavioral health needs.

20B. Provide priority access for consumers currently institutionalized and ready to transition to a community setting and to those consumers at risk of immediate institutionalization.

20C. Expand Permanent Supportive Housing for individuals with disabilities as outlined in the Interagency Council on Homelessness and Affordable Housing Permanent Supportive Housing Policy Framework.

21. Recommendation: Service Coordination:

21A. Investigate options for funding service coordination, including service coordinator grants and Ohio Housing Trust Funds and property operating funds or operations.

21B. Educate local entities about the ability and eligibility to access funds for service coordination and the ways in which funds can be accessed.

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

22A. As a long-term objective, cash and counseling programs should be explored as components of the delivery system for long-term services and supports.

22B. 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.)

22C. 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.

23. Recommendation: Telehealth:

23A. 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.

23B. 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.

23C. 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.

E. WORKFORCE RECOMMENDATIONS

The Workforce Subcommittee was to:

- Define and document the current direct service workforce situation, including shortage areas (by setting, specialty, geography or other), educational and other professional development funding, and barriers to improving the supply, distribution, diversity and development; and
- Recommend direct service workforce policy implementation strategies and funding recommendations.

24. Recommendation: Create a Direct Service Workforce Consortium.

25. Recommendation: Use the Consortium to develop a multifaceted communications strategy to help connect system stakeholders to resources, programs and data, and to link direct service workers with potential long-term care service and support provider employers.

26. Recommendation: Conduct a long-term care system asset mapping process leading to the development of stackable long-term care certificates within Ohio's Health and Human Service Lattice.

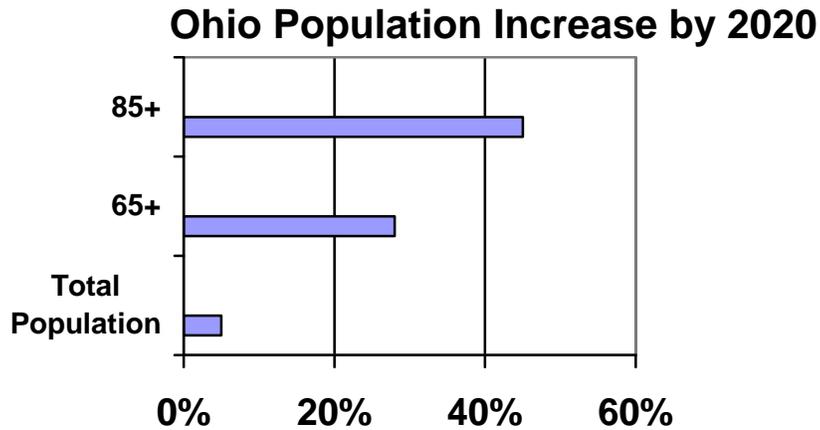
27. Recommendation: Commission a study to determine the relationships (including strengths and limitations) between existing reimbursement models and efficient care within public and private sector long-term service and support provider organizations.

F. FRONT DOOR

The Front Door Subcommittee evolved from the original Money Follows the Person group as one of the initial subcommittees of the ULTCB effort. This group has completed its work in revising the PASRR rules and process and is now working on its second phase of tasks involving level of care rules.

CONCLUSION

Heightening the importance of the work of the Unified Long-term Care System Workgroup is Ohio's aging population. Every month, nearly 15,000 Ohioans turn age 60. By 2020, the 85-plus age cohort by 2020 will increase by 43 percent, and the 60-plus age cohort will reach 28 percent. Ohio's overall population will only grow by five percent.



Clearly, the projected growth in our senior population will create unsustainable expenditure increases in Medicaid long-term care. To be prepared as a state, we must take action today.

According to Scripps Gerontology Center, by utilizing disease prevention and self-care strategies to help older adults and individuals with disabilities remain independent longer, the state could reduce the number of people relying on Medicaid. By 2020, this reduction would avoid \$700 million in annual Medicaid long-term care expenditures. If we continue to aggressively divert individuals from nursing facility admission in the same timeframe, Ohio would save an additional \$300 million per year for a total of \$1 billion annually.

As the numbers above indicate, providing choice, independence and quality of life will contain the growth in the Medicaid budget over the upcoming FY 2012-13 and subsequent biennia.

**The ninth recommendation was returned to the eligibility subcommittee for further research.*

ULTCS Implementation Matrix

2010 Recommendations			Progress	Impact					Goals/ Objectives									
Recommendation #	Subcommittee (s)			State	Federal	Legislation	Administrative Rules	Policy	Balanced System	Consumer Choice	Consolidate policymaking authority & associated budgets	Consistency in rate setting process	Seamless array of service delivery	Improve quality of life for consumer	Encourage Ohioans to plan future LTC needs	Cost effective system linking disparate services across agencies	Transparent Budget	Accurate LTSS expenditure forecasts
1	B&F	<u>Balance:</u> To define the goal of balance for the home-/ community-based services and nursing facility services as “Ohioans have access to the long-term services and supports they need in the setting of their choice.” Intermediate (3-year) performance indicators were also recommended:	Progress to be measured by SPT	X				X	X	X	X						X	X
1A	B&F	Adults with physical/cognitive disabilities, age 60 and older will reflect a 50/50 institutional/HCBS distribution. (In 2007 distribution was 60/40.)	" "	X				X	X	X	X						X	X
1B	B&F	Adults with physical/cognitive disabilities, age 59 and under will reflect a 40/60 institutional/HCBS distribution. (In 2007, distribution was 50/50.)	" "	X				X	X	X	X						X	X
2	B&F	<u>Expand Home First:</u> Apply the expanded Home First (HB 398) concepts of imminent risk of nursing facility placement to the Ohio Home Care waiver to prevent individuals from entering nursing homes unnecessarily.	ODJFS proposed biennial budget language	X		X			X	X				X				
3	B&F	<u>Statewide ADRNs:</u> Expand the role of AAAs as lead agencies in Aging & Disabilities Resource Networks (ADRN) through the following:	In process	X	X			X		X				X	X	X		
3A	B&F	Secure funding through PPACA and Money Follows the Person to further ADRN expansion.	Received \$766,000 grant.		X			X		X				X	X	X		

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3B	B&F	Determine how best to move Ohio's ADRN effort forward and what leadership the state should provide to local ADRN efforts.	To date, five AAA regions (Lima, Toledo, Rio Grande, Cleveland & Akron) designated as ADRNS. Anticipated that all AAAs will offer ADRN services by Sept. 2012.	X				X	X				X	X	X			
3C	B&F	Create a subcommittee under Balance and Funding to further develop ADRN activities.		X				X	X				X	X	X			
4	B&F	<u>MH Transition Pilot</u> : Support individuals with severe and persistent mental illness to relocate from nursing facilities to community settings and to be supported by the assistance of Medicaid and non-Medicaid services in those settings.		X	X			X	X	X			X		X			
5	B&F	<u>Affordable Housing Grantseeking Team</u> : Individuals and associations represented on the Balance & Funding Subcommittee should commit an appropriate level of in-kind support toward an informal team to identify and pursue grant opportunities (e.g., HUD, OFHA, etc.) for housing and related supports for individuals with severe and persistent mental illness who would like to live in the community.		X				X				X	X					

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6	B&F	<u>Provider Reimbursement Rates:</u> Establish appropriate reimbursement rates for all LTC providers sufficient to ensure sustained quality of care for all consumers.		X			X					X						
7	Elig	<u>Ensure financial eligibility timeliness:</u> Establish a workgroup of participating state agencies and stakeholder organizations to provide input to ODJFS regarding monitoring and evaluation of county eligibility processing and efficiency to expedite the eligibility process; identify areas that could benefit from process improvement; allow suggestions for consideration in the development of process improvement, <i>and recommend changes to laws or rules that might expedite the process.</i>		X				X						X				
8	Elig	<u>Eliminate face-to-face assessments:</u> Eliminate the requirements for face-to-face interviews for initial applications for ABD Medicaid benefits.		X			X							X				
10	Elig	<u>Allow patient liability offsets:</u> Identify possible offsets to patient liability related to judgments against a recipient that would impact recipients of long-term care services and that are allowable under federal law.		X			X							X				
11	Elig	Seek repeal of existing ORC limitations on participation by consumers in Assisted Living waiver.	ODA proposed biennial budget language	X		X			X	X				X				
12	Elig	<u>Expand Assisted Living waiver eligibility:</u> Apply the eligibility criteria and logic that is used in PASSPORT waiver to the Assisted Living waiver applications as long as the PASSPORT Administrative Agency (PAA) has developed a service plan for the consumer.	ODA proposed biennial budget language	X		X	X		X	X								

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13	I&CM	<u>Strategic Direction:</u> Identify existing forums where state agencies and stakeholders can discuss issues and opportunities related to care integration and management.		x				x					x			x		
14	I&CM	<u>Dual Eligible Integration:</u>																
14A	I&CM	Seek legislation that would allow, but not require, Medicare Special Needs Plan (SNP) participants to enroll in a Medicaid managed care plan or continue enrollment in their Medicare plan. Continue to explore other options that would integrate the Medicaid acute benefit with dual Special Needs Plans (SNPs).		x		x							x				x	
14B	I&CM	Educate providers/case managers/consumers as to the requirements for Medicare, Medicaid and other programs to ensure that program benefits are used to the fullest extent.		x				x						x	x	x		
14C	I&CM	Work together to coordinate mailings and promotion aimed at informing dual eligibles of the Medicare SNP option.		x				x						x	x	x		
15	I&CM	<u>Medical/Long-term Care Integration</u>																
15A	I&CM	Explore providing care coordination of the Medicaid acute benefit for Medicaid HCBS waiver participants.		x	x	x		x									x	
15B	I&CM	Deploy Long-term Care Consultants in hospitals, based on facility and patient characteristics, to meet the needs of adults in need of long-term care supports and services.	AAAs piloting this in Cincinnati, Akron/Canton and southern Ohio areas.	x				x		x			x	x	x			
15C	I&CM	Develop area agency on aging/health care partnerships and train to implement evidence-based health coaching programs.	Will be deployed statewide in CY 2011.	x				x						x				

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15D	I&CM	Utilize and deploy existing resources such as Long-term Care Consultants in large Medicaid physician practices and patient-centered medical home to support patient access to available community-based programs and support.	x				x	x			x	x	x			
15E	I&CM	Expand and sustain evidence-based disease self-management programs, including but not limited to Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Matter of Balance.	x				x				X	x				
15F	I&CM	Expand access to information, assistance/referral and Long-term Care Consultations through Aging and Disability Resource Networks (ADRN).	x				x	x			x	x	x			
15G	I&CM	Include long-term care/home-care/AAA representation in the IMPROVE (Implementing Medicaid Programs for the Reduction of Avoidable Visits to Emergency), StAAR (State Action on Avoidable Rehospitalization) and Enhanced Primary Care Home initiatives.	x				x					x		x		
16	I&CM	<u>Identify and Support Shared Consumers:</u> Identify shared consumers/members and provide long-term tools and short term education) to support coordination of services.	x				x				x	x		X		
17	I&CM	<u>Behavioral Health:</u> Identify, support and deploy evidence-based behavioral health screening tools/protocols and self-management interventions at transition points/critical pathways.	x				x				X	x				
18	SA	<u>Discharge Planning:</u> 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.	x				x	x				x	x			

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18A	SA	Develop a toolkit 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.		x				x		x				x				
18B	SA	Develop tool to assist in determining the options that best meet each consumer's needs.		x				x		x		x						
18C	SA	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.	Expansion of Connect Me Ohio website	x				x		x				x				
18D	SA	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.		x				x		x			x	x				
18E	SA	Explore the need for requirements for qualifications, certification, education and/or continuing education for discharge planners in hospitals and nursing homes.		x		x	x			x								
19	SA	<u>Transportation:</u> Ensure consumer access to affordable, accessible transportation to support the choice of setting, consumer's participation in the community and access to health care.		x				x					x	x				
19A	SA	Explore legislative action to limit the liability of volunteer drivers in community transportation programs and develop legislation as determined to be appropriate.	ODA proposed biennial budget language.	x		x							x					
19B	SA	Develop a health and human service transportation plan that ensures health and human services options are coordinated and addressed.		x				x					x	x				

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19C	SA	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.		x	x		x						x	x				
19D	SA	Create a comprehensive inventory of transportation service providers with an on-line service directory. Build on ongoing efforts at ODOT as appropriate.		x				x		x								
19E	SA	Replicate local and regional models that have proven successful.		x				x					x					
19F	SA	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.		x				x			x		x					x
19G	SA	Establish an Executive Council for Transportation Coordination 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.		x				x			x							x
20	SA	<u>Housing</u> : 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.		x				x		x				x				
20A	SA	Redirect funding spent on inappropriate institutionalization (e.g., prisons, jails, hospitals and nursing homes) to capital and operating support for accessible housing to meet the long-term services and support needs of consumers, including those with behavioral health needs.		x				x	x				x	x				

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20B	SA	Provide priority access for consumers currently institutionalized and ready to transition to a community setting and to those consumers at risk of immediate institutionalization.		X		X			X	X				X				
20C	SA	Expand Permanent Supportive Housing for individuals with disabilities as outlined in the Interagency Council on Homelessness and Affordable Housing Permanent Supportive Housing Policy Framework.		X				X				X	X					
21	SA	Service Coordination:																
21A	SA	Investigate options for funding service coordination, including service coordinator grants and Ohio Housing Trust Funds and property operating funds or operations.		X				X				X				X		
21B	SA	Educate local entities about the ability and eligibility to access funds for service coordination and the ways in which funds can be accessed.		X				X				X				X		
22	SA	<u>Consumer Direction</u> : Continue to develop opportunities for self-direction in Ohio's delivery system for long term services and supports.	ODA proposed expansion in PASSPORT.	X			X		X			X	X					
22A	SA	As a long-term objective, cash and counseling programs should be explored as components of the delivery system for long term services and supports.		X	X		X		X			X	X					
22B	SA	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.)		X				X	X			X	X					

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22C	SA	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.		X				X	X			X	X					
23	SA	Telehealth:																
23A	SA	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.		X				X				X	X					
23B	SA	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.		X				X				X	X					
23C	SA	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.		X			X				X	X						
24	WF	Create a Direct Service Workforce Consortium.	In progress															
25	WF	Use the Consortium to develop a multifaceted communications strategy to help connect system stakeholders to resources, programs and data, and to link direct service workers with potential long-term care service and support provider employers.		X				X	X			X				X		
26	WF	Conduct a long-term care system asset mapping process leading to the development of stackable long-term care certificates within Ohio's Health and Human Service Lattice.		X			X	X				X				X		

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27	WF	Commission a study to determine the relationships (including strengths and limitations) between existing reimbursement models and efficient care within public and private sector long-term service and support provider organizations.		X				X				X						

Key for Subcommittees

- B&F Balance and Funding
- Elig. Eligibility
- I&CM Integration & Care Management
- SA Service Array
- WF Workforce

Ohio's Progress Toward a Unified Long-term Care Budget

ULTCS Stakeholder Workgroup

Barbara E. Riley - Chair
Director, Ohio Department of Aging

AARP Ohio	Ohio Council for Home Care and Hospice
Alzheimer's Association	Ohio Department of Alcohol & Drug Addiction Services
American Association of Service Coordinators	Ohio Department of Developmental Disabilities
Association for Ohio Philanthropic Homes, Housing and Services for the Aging	Ohio Department of Health
Benjamin Rose Institute on Aging	Ohio Department of Insurance, Ohio Healthcare Coverage and Quality Council
Center for Community Solutions	Ohio Department of Job and Family Services, Ohio Health Plans
County Commissioner Association of Ohio	Ohio Department of Mental Health
Executive Medicaid Management Administration	Ohio Developmental Disabilities Council
Midwest Care Alliance	Ohio Health Care Association
National Alliance on Mental Illness, Ohio	Ohio Hospital Association
Office of Budget and Management	Ohio House of Representatives
Ohio Academy of Nursing Homes, Inc.	Ohio Olmstead Task Force
Ohio Assisted Living Association	Ohio Provider Resource Association
Ohio Association of Adult Care Facilities	Ohio Rehabilitation Services Commission
Ohio Association of Area Agencies on Aging	Ohio Senate
Ohio Association of County Behavioral Health Authorities	Ohio Statewide Independent Living Council
Ohio Association of Health Plans	PACE/Tri-Health Senior Link
Ohio Citizen Advocates	Scripps Gerontology Center
Ohio Coalition for Adult Protective Services	Service Employees International Union, 1199
Ohio Council of Behavioral and Health Family Service Providers	State of Ohio Long-term Care Ombudsman

For current information on the web: <http://aging.ohio.gov/information/ultcb/>