

## What is Long-Term Care?

### Background

A traditional “textbook” definition of long-term care is suggested by CMS:

[Long-term care is a variety of services](#) that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. . . Long-term care can be provided at home, in the community, in assisted living or in nursing homes.

Many would argue that today long-term “care” in reality is a complex array of services and supports experienced by consumers with long-term needs. In addition, the use of the term “chronic” may not encompass those consumers whose need for services and supports are episodic or cyclical in nature.

In Ohio, like most states, the array of long-term services and supports evolved over time. Different programs were created for different policy objectives – all of which made good sense at the time they were developed. The result is that Ohio has *rational* programs, but an *irrational* delivery system that is often overwhelming to consumers and has lacked a cohesive policy focus. To many, asked to define long-term services and supports, the answer is a specific program: PASSPORT, Individual Options, Nursing Facility care, assisted living, Ohio Home Care, and so on. But to allow the *program* to create the *definition* obscures the fact that consumers of each of these services also receive medical and non-medical services through other mechanisms – Medicare, Medicaid traditional state plan services, informal unpaid care, just to mention three.

### Linking Services and Supports

We propose that the definition of “long-term care” encompass all non-medical and some specific medical services that the consumer receives. While this would introduce a level of complexity to the budgeting process beyond simply adding up the costs of each program included in the unified budget, this reflects the initial reaction of the unified budget workgroup that suggested a focus on the *services* received by consumers rather than the specific *program* in which the consumer enrolls. But resolving this additional level of complexity allows us to keep the unified budget focused on what consumers need and receive rather than focused on the programs that have been created.

In support of the proposal, consumers enrolled on Medicaid waivers benefit from having a case manager who assists consumers in understanding their options and authorizes a service plan for and with the consumer. Other services, purchased through non-waiver means, such as regular Medicaid state plan services currently are not included in this service plan and are not care managed. Services received through other funding sources are not even known. This fragmentation contributes to higher cost to the state and often lower quality for the consumer. It

is also important to remember that some consumers receive Medicaid services ONLY through the traditional Medicaid state plan (e.g., consumers who need behavioral health supports).

### **Specific Phase One Services and Supports Included in the Unified Long-Term Care Budget**

#### Waiver Services

- Out of Home Respite
- Adult Day Health
- Supplemental Adaptive and Assistive Devices
- Personal Emergency Response Systems
- Home Modification and Environmental Accessibility Options
- Home and Personal Care
- Nursing Services
- Transportation
- Specialized Medical Equipment and Supplies
- Chore Services
- Social Work and Counseling
- Nutritional Consultation
- Home Delivered Meals and Alternative Meal Service
- Independent Living Assistance
- Assisted Living Services
- Community Transition Services

#### State Plan

- PACE
- Nursing Facility
- APN and CRNA
- Supplies and Medical Equipment
- Transportation
- Home Health
- Private Duty Nursing

#### What isn't included:

- Hospice
- Medical Services (hospital – either inpatient or outpatient, physician, dental, etc.)
- Prescription Drugs