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Ted Strickland, Governor
 Barbara E. Riley, Director

Unified Long-term Care Budget Workgroup Meeting Minutes
Thursday, March 25, 2008
ODJFS Air Center
4020 E. Fifth Avenue
Columbus, Ohio

Workgroup members present:

Barbara Riley, ODA
Roland Hornbostel, ODA
Jean Thompson, Ohio Assisted Living
Maureen Corcoran, OPRA
Becky Maust, ODH
Brett Kirkpatrick, TriHealth SeniorLink
Chris Glassburn, Proxy for Representative
Armond Budish
Senator Tom Niehaus
Cristal Thomas, EMMA

Betsy Johnson, NAMI Ohio
Janet Grant, Care Source/OAHP
Cindy Farson, OH Association of Area
Agencies on Aging
Bill Sundermeyer, AARP
Kathleen Anderson, OH Council for Home
Care
Brian E. Allen, Skilled Nursing Care Coalition
Ann Jewel, ODI
Shelley Papenfuse, Ohio Olmstead Taskforce

Welcome and introductions were provided Barbara E. Riley, Chair. Immediately following was the public comment period. No public comments came forward. The minutes from the March 13th meeting were approved with the following changes:

To include the following workgroup members' names: Maureen Corcoran and Kathleen Anderson.

Update on Home Choice (Money Follows the Person)

Erika Robbins provided the group with newly revised MFP documents to see the close alignment of both Home Choice and the Unified budget. In addition, she indicated that a meeting had been scheduled with EMMA and the administration to assist in the understanding of what had been presented originally to the Workgroup. The discussion focused on what the relationship was between the ULTCB and MFP, and how both programs are complimentary to one another, along with the prospect of their providing improved services to consumers based upon choice. In addition, there will be occasions for either to be out front taking the lead. After the presentation, the Workgroup was asked to provide any further recommendations regarding this update to Roland and Erika.

Front Door Subcommittee/Structure of the Front Door & Post Acute Care Issues – Final Recommendations and Decision Presented by Julie Evers

The following recommendations were presented to and agreed upon by the Workgroup for the Post-acute Care Issues:

- Recommendation 1 – The “Front Door” into the long-term services delivery system should be implemented in a way that encourages advance planning and meaningful choice before a consumer’s needs are transitioning from acute care to long-term services. This recommendation was adopted by the Workgroup.
- Recommendation 2 – Emphasis on critical paths into the long-term services delivery system needs to be a key element in the “Front Door”. This recommendation was adopted by the Workgroup with the following changes:
 - First bullet should change to: Critical pathways such as discharge planning should be identified...
 - The verbiage on the 3rd bullet should be modified. Change explore to “implement”.
 - No verbiage was included regarding discharge planning. It may not have been included to define a critical pathway.

- Recommendation 3 – Care managers should coordinate and collaborate with acute care providers from the point of admission to the hospital when a need for long-term care services is likely to occur by providing a Long-Term Care Consultation visit in a timely manner. This recommendation was adopted by the Workgroup with no opposition to including action verbs.
 - The sub-bullet point information could be moved to the structure of the front door.

**Financial Eligibility – Final Recommendations and Decision
Presented by Erika Robbins**

Timely Processing

Recommendation 1 – Changed to read as follows: Establish greater accountability in the county departments of job and family services for timely eligibility determinations and redeterminations. This recommendation was to be referred back to the committee to review the verbiage updates.

Recommendation 2 – Change verbiage to read as follows: Consider (change to Implement) expedited or presumptive eligibility for home and community based service programs. This recommendation was adopted by the Workgroup with changes.

Recommendation 3 – Utilize technology to develop a financial eligibility process that is (remove “more”) user friendly. This recommendation was adopted by the Workgroup with changes.

- Utilize action verbs for the 3rd and 6th bullet points.

Documentation and Face-to-Face Requirements

Recommendation 1 – Evaluate the role of the face-to-face requirement; consider alternatives to ensure a seamless entry into the delivery system for long-term services and supports. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 2 – Simplify the financial eligibility redetermination process. This recommendation was adopted by the Workgroup with no opposition.

Education and Training Materials

Recommendation 1 – Create a dissemination strategy/marketing plan for education materials in accessible formats. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 2 – Implement a standardized orientation for all local staff regarding financial eligibility processing requirements that all staff must participate in (research the mandatory training implemented by MN). This recommendation was adopted by the Workgroup with no opposition.

Financial Eligibility Policy

Recommendation 1 – Consider changes to financial eligibility that will enhance a consumer’s ability to choose among community based and institutional option. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 2 – Explore changes to financial eligibility policy to increase the accessibility of assisted living services through Medicaid. This recommendation was adopted by the Workgroup with the following changes:

- Change “Explore” in the first bullet point to “Advocate for”.

Recommendation 3 – Increase the personal needs allowance (PNA) across settings and programs. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 4 – Research consistent application of prescription co-payments as a deduction in CRIS0E (AEFME screen), thus allowing these co-payments as a recurring medical expense which, consequently, will offset the patient liability by this amount. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 5 – Research the possibility to allow the State to amend the law so that judgments against a recipient such as child support, spousal support or a lien to pay a government agency (e.g. IRS) can be counted as an allowable deduction in order to offset the patient liability. (Example A: A resident

receives a \$1,000/month pension check. There is a withholding of \$200 for spousal support, the NF receives the \$800 that remains, but the full \$1,000 is deducted from the facility's vendor payment.) This recommendation was adopted by the Workgroup with no opposition.

Criteria for Accessing Long-term Services and Supports Presented by Julie Evers

Recommendation 1 – To facilitate ongoing customer choice among an array of service as consumer's needs change, and to address issues that currently may result in inappropriate utilization of nursing facility services, Ohio should convene a stakeholder group to analyze and explore changes to existing rules and processes regarding level of care and pre-admission screening and resident review (PASRR) for nursing facility admissions and NF – based waivers. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 2 – Ohio should develop a comprehensive, uniform assessment to evaluate consumer needs. The assessment must include functional and medical needs, the availability of formal and informal supports, housing, community integration, level of care and PASRR. This recommendation was adopted by the Workgroup with observances made to the 3rd bullet point:

- All children are not included in OASIS. Provide examples of OASIS and MDS data tools.

Recommendation 3 – To ensure consistency and access across settings, establish a quality assurance function with emphasis placed on documenting inter-rater reliability and training for personnel conduction assessments. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 4 – Develop a plan to ensure that any wait list moves at a reasonable pace. The plan may vary by phase of the ULTCB and will connect back to the uniform assessment discussed in recommendation #2. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 5 – Ohio should explore developing a tiered model of services. This model will include an evaluation of each consumer's needs, assignment of a funding level based on those needs, and the flexibility to (delete react) address to changes in a consumer's needs. The vision behind a tiered model is to ensure maximum choice for consumers. This recommendation is not meant to specify how this should be achieved, but rather to emphasize that all potential options should be explored. This recommendation was adopted by the Workgroup with no opposition.

Facility-based Capacity Presented by Julie Evers

Recommendation 1 – The current number of nursing facility beds in Ohio should serve as an overall cap for NF beds. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 2 – The Certificate of Need Program should be maintained, recognizing that it is a valuable process. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 3 – The Director of ODH should convene a stakeholder group to review and make recommendations in the areas identified in recommendations to follow.

3A – The stakeholder group shall consider interim modifications to the existing certificate of need process for NF beds for inclusion in the SFY 2010 – 2011 biennial budget. This recommendation was adopted by the Workgroup with no opposition.

3B – The stakeholder group shall make recommendations to the Director of ODH regarding long-term modifications to the certificate of need program as Ohio moves towards a balanced delivery system for long-term services and supports. This recommendation was adopted by the Workgroup with no opposition.

3C – The stakeholder group shall explore the feasibility and appropriateness of implementing NF bed buyback and/or conversion programs. If the group recommends implementing bed buyback and /or conversion programs, they shall recommend criteria to comparatively evaluate proposals. This recommendation was adopted by the Workgroup with no opposition.

Recommendation 4 – Develop and implement an education strategy to ensure nursing facility staff is knowledgeable about long-term care services and supports available in their communities. This will allow NF staff to be active participants in supporting their residents who choose to return to community settings. This recommendation was adopted by the Workgroup with no opposition. However, it was discussed that this should probably be moved into the structure education process section.

The Unmet Needs in Community Settings and Housing with Supports reports are to be held until the next Workgroup meeting on April 3rd. The Administration report will not be ready for presentation by the April 3rd meeting.

The Workgroup will need a collapsing exercise as well as a prioritization. In addition, the Workgroup will need to determine who will be accountable for what and who will implement specific programs/recommendations.

Workgroup members present agreed upon scheduling another group meeting. Date TBD. Director Riley indicated that the Workgroup should begin prioritizing at the April meeting to determine and address the 'what and who' will be accountable for specific responsibilities. The group should have a draft prepared for the early May meeting.

The meeting adjourned at 4:00 pm.

The next ULTCB Workgroup meeting will be held on Thursday, April 3rd from 1 – 5 pm at the State Library of Ohio's Boardroom.