

Ohio Access

Governor Taft's Strategic Plan to Improve Long-Term Services and Supports for People with Disabilities

Updated April 2004

www.OhioAccess.Ohio.gov

What is Ohio Access?

- Ohio's comprehensive plan to improve long-term services and supports for people with disabilities
- Governor Taft created a cabinet-level task force to assess Ohio's system of long-term care in 1999
- The task force made recommendations to prioritize resources, expand community services, and improve quality and accountability
- "Ohio Access for People with Disabilities" was released in 2001 as a framework for subsequent Administration policies and budget proposals

Ohio Access Vision

- Ohio's seniors and people with disabilities live with dignity in settings they prefer
- They are able to maximize their employment, self-care, interpersonal relationships, and community participation
- Government programs honor and support the role of families and friends who provide care

National Recognition

Long-term care plans in Mississippi, Missouri, Ohio and Texas stand out because they ...

- Contain a clear vision for systems change;
- Include specific strategies and goals;
- Identify the state agencies responsible for each strategy; and
- Include timelines and budgets.

(National Conference of State Legislatures, 2002)

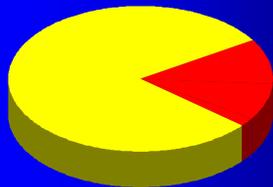
Governor Taft's Charge

- Update the Ohio Access report in April 2004
- Use the updated report as *the* executive planning document for long-term services and supports
- Seek legislative support for Ohio Access principles
- Engage stakeholders to refine Ohio Access strategies
- Plan now for the SFY 2006-2007 budget—but act before the next budget whenever possible
- Realign existing resources before considering new resources

Ohio Access 2004 Report

- Overview
- Progress Report, 2001-2003
- Current Challenges
- Strategic Plan, 2004 and Beyond
- Detailed Strategies

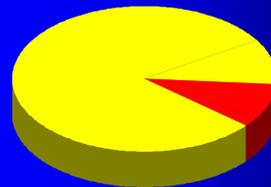
Who Relies on Long-Term Services and Supports?



One in five Ohioans has some level of disability (2.2 million people)

Source: 2000 U.S. Census

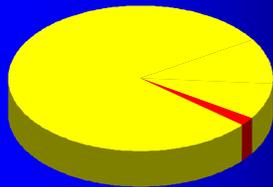
Who Relies on Long-Term Services and Supports?



One in ten Ohioans has a severe disability (1.1 million people)

Source: 2000 U.S. Census

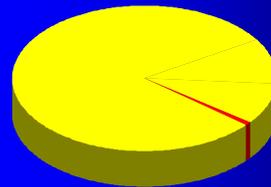
Who Relies on Long-Term Services and Supports?



One in fifty Ohioans has a severe disability and receives publicly-funded services (~244,000 people)

Source: Ohio Depts. of Aging, MH and MRDD

Who Relies on Long-Term Services and Supports?



Fewer than one in 100 Ohioans reside in an institution because of his or her disability (~90,000 people)

Source: 2000 U.S. Census

What are Long-Term Services and Supports?

- Treatment (medical, behavioral health, rehabilitation)
- Help with daily activities (feeding, dressing, bathing)
- Care planning and case management
- Income support through Social Security
- Vocational and educational services
- Day programs (activity centers, habilitation, adult skills)
- Transportation
- Other quality of life services and leisure activities

Who Provides Long-Term Services and Supports?

- Informal caregivers—family and friends provide the vast majority of care (80 percent or more)
- Service providers—individuals and companies that provide specific services or networks of care
- Government—a variety of programs are available when individual and family resources are not sufficient to ensure access to necessary services

Medicaid's Institutional Bias

- Since 1965, people have been "entitled" to institutional care in nursing homes
- Services that support people in home and community settings are "optional"
- States are required to ask federal permission to "waive" the institutional requirement
- Ohio relies on Medicaid waiver programs to help people with disabilities *avoid* institutionalization

What Is *Olmstead*?

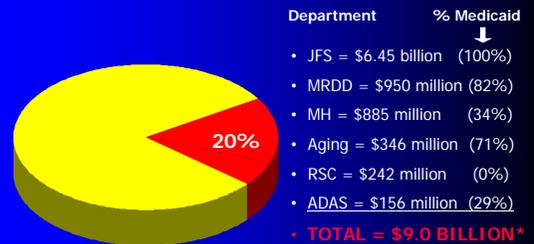
- 1999 Supreme Court Ruling *L.C. vs. Olmstead*
- Unnecessary segregation of people with disabilities is discrimination under the Americans with Disabilities Act
- States must provide community services to qualified individuals if the state's treating professionals believe it is the most appropriate setting, the person chooses it, and the services can be reasonably accommodated
- A state can show progress if it has a comprehensive plan and waiting lists that move at a reasonable pace

www.cms.hhs.gov/olmstead/default.asp

Ohio Access Cabinet

- Aging
- Alcohol and Drug Addiction Services
- Budget and Management
- Governor's Office
- Health
- Job and Family Services, including Medicaid
- Mental Health
- Mental Retardation and Developmental Disabilities

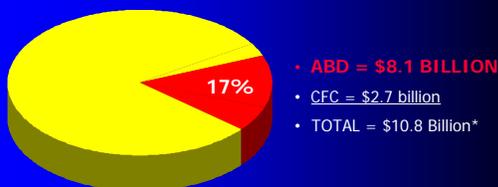
State Spending on Long-Term Services and Supports for People with Disabilities (20 percent of Ohio's budget in 2003)



SFY 2003 total state spending from all funds = \$46.8 billion

**This is the subject of the February 2004 Ohio Access Report*

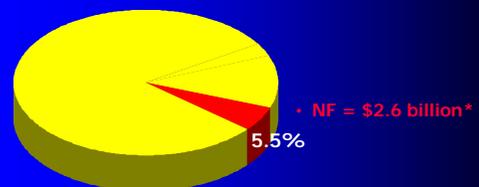
State Spending on Medicaid Services for People who are Aged, Blind, or Disabled (17 percent of Ohio's budget in 2003)



SFY 2003 total state spending from all funds = \$46.8 billion

** This is the subject of the Commission to Reform Medicaid*

State Spending on Nursing Facilities (5.5 percent of Ohio's budget in 2003)



SFY 2003 total state spending from all funds = \$46.8 billion

**This is the subject of the NF Reimbursement Study Council*

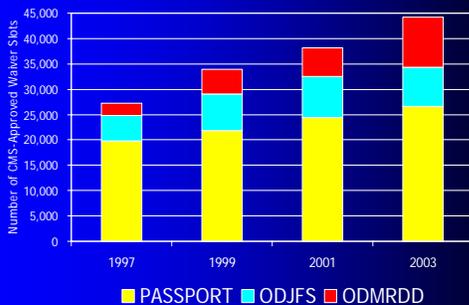
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Progress Report: Increase Community Capacity

- ✓ Served 30 percent more Ohioans with a disability in home and community programs since 1999
- ✓ Eliminated PASSPORT and Home Care waiting lists
- ✓ Proposed (but the legislature did not enact) Medicaid coverage for assisted living and shifting the ICF/MR entitlement from facility providers to people on home and community waiver programs
- ✓ MH Director Mike Hogan chaired President Bush's New Freedom Commission on Mental Health

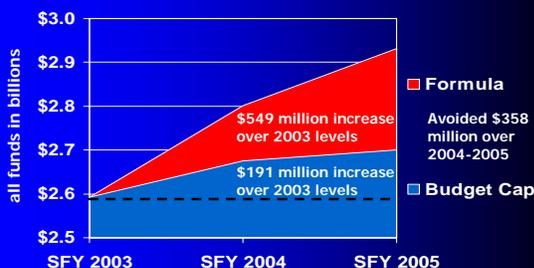
Progress Report: Ohioans Served by Medicaid Home and Community Based Waiver Programs



Progress Report: Prioritize Resources

- ✓ Saved \$358 million in the current state budget by slowing growth in nursing facility spending
- ✓ Completed MR/DD system redesign—the most fundamental reform in 30 years
- ✓ Downsized MR/DD institutions 10 percent and identified two (of twelve) to close
- ✓ Reduced MH institutional costs (21 percent of budget)
- ✓ Received \$3.5 million in federal grants to support Ohio Access implementation activities

Progress Report: Slowed the Rate of Growth in Medicaid Nursing Facility Spending



Progress Report: Assure Quality and Accountability

- ✓ Created a Long-Term Care Consumer Guide
- ✓ Completed an Alcohol and Drug Addiction Services Shareholders' process to improve collaboration
- ✓ Expanded technical assistance for nursing facilities
- ✓ Took steps to address the healthcare workforce shortage and created an ongoing advisory council
- ✓ Implemented a behavioral health quality agenda
- ✓ Achieved quality improvements through MR/DD redesign (abuser registry, accreditation review)

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Current Challenges: Federal Policy Constraints

- The institutional bias of federal programs like Medicaid, Medicare, and Social Security
- Fragmentation in federal funding and policy
- Cumbersome administrative requirements
- Mixed messages—"New Freedom" grants provide some additional waiver flexibility vs. tighter CMS interpretations about how states design programs

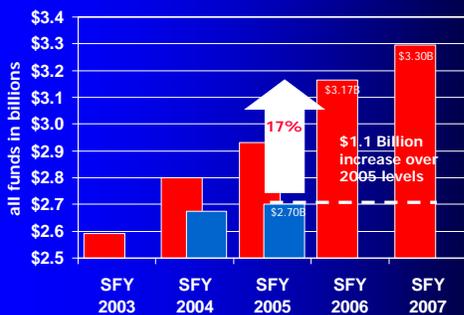
Current Challenges: State Funding Constraints

- Health care inflation outpaces revenue growth
- Medicaid and education consume an increasing share of Ohio's budget
- Community resources are strained—particularly with regard to local match for behavioral health
- Statutory requirements for reimbursing nursing facilities crowd out other priorities

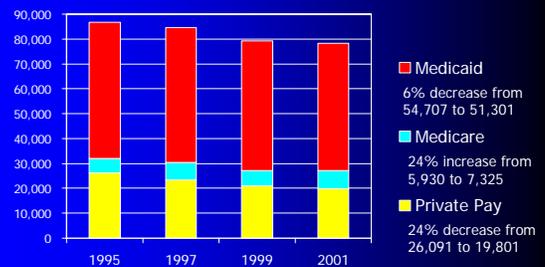
Current Challenges: Nursing Facility Reimbursement Formula

- The Ohio General Assembly temporarily capped nursing facility rates in the current budget "notwithstanding" the statutory formula
- NF rates will revert to formula-generated levels in July 2005 unless the legislature reforms the formula or extends the cap
- Also, the current \$3.30 franchise fee and \$2.25 "quality" add-on will expire in July 2005 unless the legislature acts to extend this arrangement

Nursing Facility Reimbursement Formula (if budget caps expire but the \$3.30 franchise fee and \$2.25 "quality" add-on are reauthorized)



Average Daily Nursing Facility Census (10 percent decrease, 1995 to 2001)



Source: Scripps Gerontology Center at Miami University

Governing Magazine
(Ohio is a "Trouble Spot," January 2004)

- Ohio "...spends a disproportionate share of its Medicaid dollars on nursing homes rather than other less expensive alternatives."
- "...the percentage of long-term care dollars spent on nursing homes is among the highest in the country."
- "State statutes guarantee nursing home rate increases. This makes it hard to apportion money to home and community-based alternatives."
- "This situation is not the result of a lack of leadership. The state has been working diligently ... utilizing a great deal of inter-agency cooperation to shift residents to community and home-based settings."

<http://governing.com/gpp/2004/press/oh.htm>

The Buckeye Institute
(*Reforming Medicaid in Ohio*, March 2003)

- "Institutional care in nursing homes ... is a prime opportunity for cost containment."
- "Give preference to community care rather than institutional care. At a minimum, Ohio should eliminate the current bias toward institutional care."
- "Existing rate setting procedures are largely mandated by statute. This should change."
- "Stop subsidizing empty beds by including the cost of unused beds in the basis for setting rates."
- "Stop bailing out facilities in bankruptcy by paying owners to continue operating them."

www.BuckeyeInstitute.org

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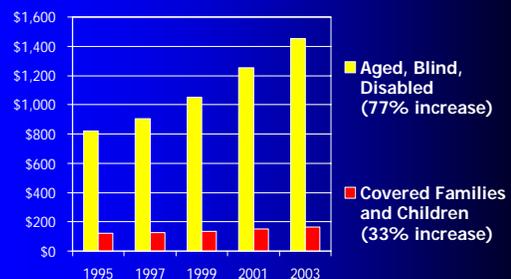
Strategic Plan:
Ohio Access Vision

- Ohio's seniors and people with disabilities live with dignity in settings they prefer
- They are able to maximize their employment, self-care, interpersonal relationships, and community participation
- Government programs honor and support the role of families and friends who provide care

Strategic Plan:
Performance Measures

- Total public spending for community based long-term services and supports / total public spending for institutional services
- Number of people receiving Medicaid home and community based waiver services / number of people residing in Medicaid-reimbursed institutions
- Per member per month rate of growth of total public spending for long-term services and supports
- Ohio's ranking on various measures reported by other organizations

Medicaid Per Member Per Month Costs
(average spending per person, 1995-2003)



**Strategic Plan:
Ohio Access Recommendations**

- Give individuals meaningful choices
- Get the best value from taxpayer investments
- Align systems to improve quality and outcomes
- Focus on behavioral health
- Prevent the causes of disability
- Support employment
- Enable every child to succeed

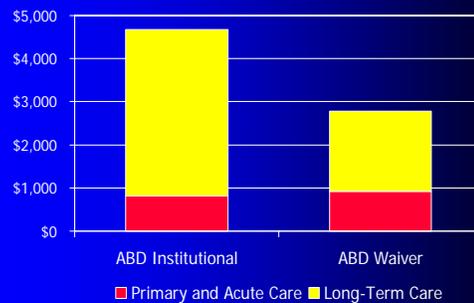
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- **Detailed Strategies**

**Strategy:
Give Individuals Meaningful Choices**

- Serve more seniors and people with disabilities in home and community programs
 - Fully fund PASSPORT and Home Care
 - Create an assisted living waiver for people otherwise on PASSPORT or in a nursing home
 - Create a new waiver that shifts the ICF/MR entitlement from providers to residents
 - Create pilot waivers to provide financial help for residents who want to leave an institution
 - Expand MRDD Level 1; create Level 3; redesign/expand IO; move RFW to IO; and move CAFS to waivers

**Medicaid Per Member Per Month Comparison
(by category of eligibility and type of service, 2001)**



**Strategy:
Give Individuals Meaningful Choices**

- Provide better access to the information families and consumers need to make meaningful choices
 - Evaluate the nursing facility pre-admission review process and reform it if necessary to ensure seniors are fully informed about their choices
 - Create a "No Wrong Door" website for one-stop access to all state and local agencies that provide long-term services and supports
 - Expand Ohio's Long-Term Care Consumer Guide to include all state systems (now it's just Aging)
 - Pilot "Network of Care" web technology in mental health

**Strategy:
Get the Best Possible Value from
Taxpayer Investments**

- Move all systems toward the principle that money follows the person across all settings and services
- Modernize and simplify institutional reimbursement
- Involve consumers in planning and program design
- Implement enhanced care management for Medicaid beneficiaries who have chronic conditions
- Stimulate the demand for long-term care insurance

Strategy:
**Get the Best Possible Value from
Taxpayer Investments**

- Replace the nursing facility reimbursement formula
 - Simplify the reimbursement system
 - Reward providers for high quality
 - Reform regulations to support quality
 - Establish price competition to promote efficiency
 - Ensure that the Medicaid funding base is reliable
 - Control per member per month cost growth

Strategy:
**Get the Best Possible Value from
Taxpayer Investments**

- Coordinate long-term services and supports across state departments
 - Continue to rely on the Ohio Access cabinet to plan and coordinate long-term services and supports
 - Involve more state agencies, particularly related to transportation, housing, and workforce development
 - Convene an Interagency Housing Task Force
 - Update the Ohio Access report every two years
 - Improve data collection to plan across systems
 - Maximize federal grant support

Strategy:
Improve Quality and Outcomes

- Measure service satisfaction and outcomes in all state long-term service and support programs
- Reform nursing facility regulations to support quality
- Provide additional training for teachers who work with children with disabilities
- Address healthcare workforce shortage issues
 - Focus on recruiting/retaining direct support workers
 - Credential workers across systems

Strategy:
Focus on Behavioral Health

- Seek additional community based resources
- Maintain public/private inpatient capacity
- Strengthen Medicaid administrative processes
- Provide access to better care for children
- Pilot the "Network of Care" web technology
- Implement the President's New Freedom Commission recommendations
 - Create a comprehensive state plan
 - Raise awareness to reduce stigma
 - Make suicide prevention a priority

Strategy:
Prevent the Causes of Disability

- Create a fetal alcohol syndrome prevention initiative
- Pilot community projects focused on prevention of falls, traumatic brain injury, and stroke
- Expand early intervention for children

Strategy:
Support Employment

- Develop a Medicaid buy-in program to allow people with disabilities to work without a loss of coverage
- Implement supported employment in mental health
- Implement the U.S. Department of Labor Employment Navigator in local one-stops

Strategy:
Enable Every Child to Succeed

- Serve more people in home and community programs
- Coordinate across state and local agencies
- Measure service satisfaction and outcomes
- Provide additional training for teachers who work with children with disabilities
- Provide access to behavioral healthcare for children
- Make suicide prevention a priority
- Create a fetal alcohol syndrome prevention initiative
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Next Steps

- Use Ohio Access 2004 as *the* executive planning document for long-term services and supports
- Seek legislative support for Ohio Access principles
- Engage stakeholders to refine Ohio Access strategies
- Plan now for the SFY 2006-2007 budget—but act before the next budget whenever possible

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