

Ohio | Department of Aging

WRAAA Conference on Independent Living
June 3, 2009

Balancing Ohio's Long-term Care System

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Current and Future Demand for Long-term Care Services

- o 12,000 Ohioans turn 60 each month.
- o Ohio is an "aging" state – by 2020, 60+ population will grow by 28 percent, while the state's total population will increase by only five percent.

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Current and Future Demand for Long-term Care Services

- o But not every county faces the same challenges – "older" counties like Cuyahoga are made up of nearly 20 percent age 60 and older; in "younger" ones like Medina, that number is less than 15 percent.
- o Seniors in "older" counties are less likely to have immediate family nearby, meaning they may need more services and supports.

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Current and Future Demand for Long-term Care Services

- o By 2020, almost 350,000 people will have a severe disability, up from less than 309,000 in 2007.
- o By 2020, the population over 85 will increase by 43 percent.

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Medicaid Funding & Ohio's Budget

- o In FY 2008, nursing facilities served more than 54,700 Medicaid long-term care consumers at a cost of approximately \$2.5 billion.
- o During the same time period, ODA's home- and community-based waivers served nearly 29,000 Medicaid long-term care consumers at a cost of approximately \$400 million.

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Ohio Must Change Course

- o Why our current long-term care system is not sustainable:
 - Ohio's aging population;
 - An increase in the number of people with disabilities; and
 - An increase in the cost of care.
- o The current economic downturn will affect Medicaid enrollment in future years.
- o If we do not reform the system, a **three percent** annual increase will result in higher Medicaid costs for long-term care services for the population with a severe disability, from \$4.7 billion in 2007 to **\$6.7 billion in 2020**.

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Purpose of ULTCB

- o To develop a long-term care system that is better balanced between home- and community-based services (HCBS) and nursing facility (NF) care.
- o To contain the growth of the long-term care portion of Medicaid expenses.
- o To provide consumers with an informed choice among a full array of long-term care services.

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Why is This Important?

- o First and foremost is the ability to improve quality of life and choice for consumers.
 - A recent AARP survey found 94 percent of Ohioans prefer to receive care in their home.
- o Cost containment side of the equation also is vital.
 - According to Scripps Gerontology Center, Ohio ranks 42nd in the nation on our expenditures for HCBS vs. NF care.
- o Recommending workgroup was successful because we focused on consumers.

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Why is This Important?

- o While over the last 10 years, Ohio has increased the number of people receiving HCBS, the utilization rate for long-term care has remained relatively steady. In 1997, the utilization rate was 32/1000, and in 2007, the rate was 34/1000.
- o Had Ohio not increased the waiver usage, instead just allowed NF and HCBS participation to increase at the 1995 rates, we would have served 6,100 fewer people in HCBS and spent an additional \$192 million on Medicaid in 2007.

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FMAP Increase

- o Ohio has the ability to reengineer our long-term care system because of the recent federal stimulus package, which increased the federal match rate for Ohio's Medicaid program.
- o At ODA, we are using that revenue to "front load" our unified long-term care system, which over the next few years will result in a decline in Ohio's total long-term care expenditure growth rate.

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Foundation Building

- o To create a ULTCB, the aging network will be:
 - Conducting follow-up assessments for individuals in NF, this will include examining data to see who could benefit;
 - Moving 800 NF consumers into the community, if they are able and desire to move; and
 - Diverting 1,445 individuals from NF placement by using HCBS.

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Assessing Nursing Facility Diversion

- o Elements we will likely measure to demonstrate our success with diversion:
 - # of individuals at risk of going to a NF who after assessment enroll in a less restrictive program;
 - # of NF admissions and length of stay;
 - Self-perceived nursing home avoidance;
 - Length of time in the community; and
 - Clinical comparison to NF population.

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Foundation Building

- o Who will be at the forefront of the follow-up assessments, the movement from facilities and diversion?
- o What are some of the obstacles that might be encountered when trying to move individuals out of NF placement?

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Foundation Building

- o To create a ULTCB, the aging network also will be:
 - Expanding consumer self-direction by expanding Choices statewide; and
 - Expanding concept of "Home First" enrollments to include the PACE program.

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- o To create a ULTCB, we also will be:
 - Establishing ongoing quarterly reviews and forecasting;
 - Developing a Web-based State Profile Tool;
 - Providing for PAA case management of certain state plan services – home health, nursing and durable medical equipment; and
 - Expanding the Long-term Care Consumer Guide.

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Foundation Building

- ODA and the aging network will build a more inclusive array of services, which together will provide “enhanced community living.”
 - Congregate/senior housing
 - Adult foster care
 - Wooster Metropolitan Housing Authority example
 - Rural areas, in particular, have a need for more housing options

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Foundation Building

- To create “enhanced community living,” we have:
 - Completed interviews with three other states: Illinois, New Hampshire and Massachusetts;
 - Discussed with our stakeholders, including consumer advocates, housing and service providers; and
 - Reviewed literature of service enriched housing models.

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- To create “enhanced community living,” next, we will:
 - Conduct consumer telephone surveys;
 - Establish data collection for:
 - # of PASSPORT consumers residing in project-based assisted housing
 - tenure on the program
 - amount (\$) of waiver services delivered in project-based assisted housing
 - disenrollment trends;
 - Write a concept paper; and
 - Partner with JFS to informally present concept to CMS.

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- o Nursing facilities will continue to play a very important role in long-term care.
- o There always will be patients whose level of care needs can only be met by a NF, but what this budget does is create options for the thousands of Ohioans who can receive the level of care they need in their own home and maintain the independence they want.

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Foundation Building

- o While we are building a strong foundation, this first step will not yet create a perfect system.
- o What unmet needs currently exist and what additional long-term services and supports should Ohio offer? How can we address the needs of the mental health and disability communities?
- o What role can technology play in providing HCBS?

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“No Wrong Door”

- o Key concept of the ULTCB.
- o Regional collaboration led by Area Agencies on Aging involving key boards, agencies and county departments with a goal of streamlining consumers' access to services.
- o How these collaborations work will be decided by the organizations involved.


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“No Wrong Door”

- o To a consumer in need, this means *“the first place you seek help is the right place.”*
- o Public education is paramount – families and consumers must be informed, ideally, before a crisis forces a decision.
- o Strong relationships with hospital discharge planners and other critical pathway points are essential. They need to be aware of the long-term care options available.


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“No Wrong Door”

- o What are the obstacles to implementing this policy?
- o How can the aging network develop stronger relationships among social services agencies?
- o If public education is crucial, how can we reach families before the crisis hits? How do we get baby boomers to start thinking now about their long-term care wishes?


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Next Steps

- o The Senate passage of Am. Sub. HB 1, including stimulus money.
- o Am. Sub. HB1 reconstitutes the ULTCB workgroup to discuss what steps are next.
- o Likely examined will be creating one line in the state budget to unify spending on all long-term care services and supports.
- o Quarterly Reviews implemented with funding adjustments as necessary.

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How to Learn More

- o For more information about healthy, active and independent aging, please visit our Web site at www.aging.ohio.gov.

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