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States In Action

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Ohio's Search to Improve Access to Long Term Services

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States In Action....Ohio's Search to Improve Access to Long Term Services

**Prepared by Robert Mollica and Susan Reinhard
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Background

Ohio state officials, community leaders, and consumer advocates are seeking better ways to streamline access to information about long term services and supports available to all citizens of the state. Funded by the Centers for Medicare & Medicaid Services (CMS) in 2001, Ohio has been using its Real Choice Systems Change grant to bring people together to consider options, including a single point of entry (SEP) approach and/or the Aging and Disability Resource Center (ADRC) concept. A group of county, municipal and private organizations (including philanthropic foundations) in Ohio are working with state agencies to develop a pilot project. On December 13-14, 2004, policy experts from Rutgers Center for State Health Policy (CSHP) and the National Academy for State Health Policy (NASHP) met with these stakeholders to provide information and technical assistance to help shape this pilot.

Ohio's Current Programs

Ohio administers its PASSPORT Medicaid waiver program for older adults through 12 Area Agencies on Aging (AAA), known as "Access Points." The PASSPORT program has grown 10 percent since 2001, using presumptive eligibility; there is no waiting list. The state is interested in broadening the availability of information available through PASSPORT and related Older Americans Act programs and making it easier for people to get help. Some efforts are in progress; Hamilton County has co-located its Medicaid financial eligibility determination with the AAA that conducts functional eligibility determination. Services for adults with disabilities are administered through a separate organization and stakeholders are interested in determining whether some of the ADRC functions can be combined for these two populations.

In addition, the Ohio Departments of Aging (ODA) is developing "ConnectMeOhio" to serve as the web site for information and assistance for older adults and people with disabilities.

Ohio's Governor Taft is intrigued by Pennsylvania Governor Rendell's efforts to improve access to home and community based long term care. In addition to improving Ohio's Access Points, State leaders are interested in:

- "critical pathways"
 - expanding nursing home transition efforts
 - Easter Seal's Ohio Access "Success Project", a new initiative
 - PASSPORT, which helped 700 nursing home residents return to the community
 - using "delayed assessment" of nursing home residents within 180 days of admission to a nursing home to help determine if they can return to their communities (about 25% of these individuals do return)

- improving diversion efforts (Akron AAA has effective relationship with hospitals)
- assisted living waiver (Governor Taft proposed but the legislature did not fund)
- more consumer direction options through though “Independence Plus”
- financing reform through global budgeting
- Family support (adult respite feasibility study)
- Quality (information system and tools)

The *Ohio Access* report (2004) details many other priorities (and measures of progress) in Ohio’s Olmstead plan. The focus of this technical assistance meeting was options to improve Ohio’s Access Points, with an eye toward these other priorities as well.

Highlights of Technical Assistance Provided

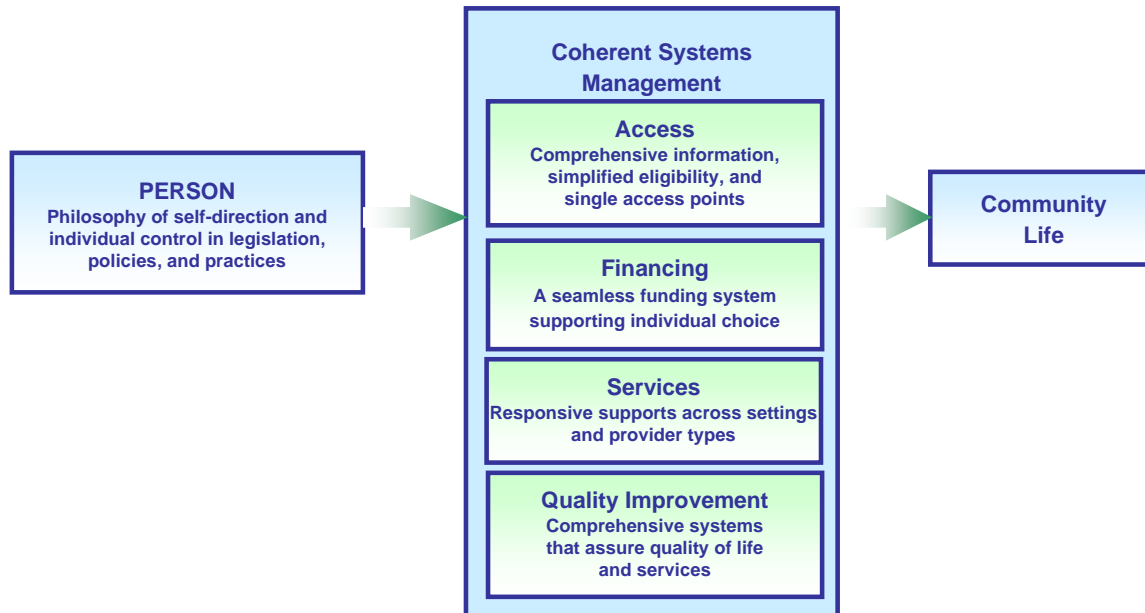
Ohio State officials and community leaders use the terms SEP and ADRC interchangeably. Discussions highlighted the need to clarify these terms so those participants could have a much clearer discussion of what they plan to accomplish in a pilot.

The ADRC Concept

Susan Reinhard provided details on ADRC model development, as envisioned and funded by the U.S. Administration on Aging (AOA) and CMS. These federal agencies have defined ADRCs as having a broad mandate to provide information, assistance and access to long term services and supports for people of all ages and income levels. The information should be seamless to the consumer, integrate access across funding streams (including private pay), streamline functional and financial eligibility determinations for publicly funded services, and establish critical pathways that give consumers a choice between community and institutional services. The ADRC effort is build on a partnership between the state Aging and Medicaid Departments.

The ADRC concept implements one of the key building blocks for consumer driven systems, namely the ACCESS building block shown in Figure 1 below.

Key Building Blocks of a Consumer Driven System



An ADRC should provide comprehensive information about a range of service resources, simplify eligibility determination, and provide seamless access to multiple sources of financing for services. In the AOA/CMS framework of expectations, ADRCs also:

- Provide options counseling to help people understand the community supports that are available;
- Assess consumer needs to assist in developing and implementing a support plan;
- Offer benefits counseling to help people learn about and apply for public and private benefits;
- Provide or arrange for employment options counseling;
- Provide crisis intervention;
- Determine functional eligibility; and
- Coordinate or expedite Medicaid financial eligibility determination.

Single Entry Points

Bob Mollica clarified that ADRCs perform some but not all of the functions of a single or comprehensive entry point (SEP) agency. In their broadest forms, these organizations manage access to one or more funding sources and perform a range of activities that may include information and assistance, preliminary screening or triage, nursing facility preadmission

screening, assessment of functional capacity and service needs, eligibility determination, care planning, service authorization, monitoring, and reassessment.

Most SEPs serve two or more populations, and control multiple funding sources e.g., Medicaid home and community based waiver services, Medicaid State plan services, Older Americans Act funds, and state general revenues. Results from a 2003 survey of state SEPs by NASHP found considerable variation among SEPs in the functions they perform, the populations they serve, and the organizations that function as the SEP. The survey findings also suggest that there is room for further progress by increasing the functions and funding sources managed by SEPs. Combining financial and functional eligibility determinations or improving coordination would expedite access to home and community-based services. Long term care systems might also ensure that applicants are aware of the full array of services, either through a preadmission screening or early contact once a person enters a nursing home.

Discussion

Meeting participants raised three questions:

- How does the current system work?
- What are the limitations of the current system that prompts the need for a small demonstration?
- What are the options for a demonstration?

Through discussion, there was consensus that Ohio residents need as much information as possible to avoid institutionalization. There is great interest in reaching those with chronic illnesses and older adults who are “pre-duals” (people who are likely to spend-down to Medicaid).¹ It would be helpful to focus more on options to improve eligibility determinations (both functional and financial) through the Access points.

Participants debated the goals for a pilot and decided they were interested in pursuing a Resource Center model rather than a full SEP model at this time. Ohio would benefit from an incremental re-design and foundation “start-up funding” would help consensus development among Ohio’s local actors.

Next Steps

Meeting participants developed a short-term and intermediate-term action plan:

- Immediately seek private foundation support for a Resource Center pilot in Western Reserve AAA (Cleveland); consider rural partner.

¹ State officials report that there are 16,000 new entrants into the Medicaid nursing home budget per year; these people were not on Medicaid 6 months prior to the nursing home admission. These are the “pre-duals” that might be helped to avoid institutionalization.

- If AOA/CMS offers another round of federal grants for ADRCs, apply again with this clearer understanding of the ADRC model.
- Maintain communication among key stakeholders included in this meeting.
- Share “Rebalancing State Long Term Care Systems” paper prepared by Mollica & Reinhard (2005) with the project director of the Real Systems Change grant for a stakeholders’ meeting to be convened in early 2005.