



Local Implications for Ohio's Unified Long Term Care Budget

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Major Areas of Impact

- LTC Consumers and their Families
- LTC Service Providers and Service Delivery Systems
- General Community:
 - Economy
 - Safety and Security



Continuum of Care Model for Older Adults

Range of Functioning

Independent ----- Dependent

Independent Living	Congregate Senior Housing	Assisted Living	Adult Care Facilities	PACE	Nursing Facilities	Hospitals
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Residential (Least Restrictive) ----- **Institutional (Most Restrictive)**

Care Settings



Continuum of Care: Current Capacity and / or Participation Levels

- Registered Hospitals 33
- # of beds 9,968 (CCF 1008, UH 1012 & MH 721)
- Licensed NFs 151
- # of Beds 17,370
- # of Medicaid beds 99%
- Licensed RCFs 59
- # of Beds 7,631
- Medicaid A L Facilities 20
- # of Beds 131
- RSS Facilities 225
- # of Beds 318
- PASSPORT Clients 5,172
- PACE Clients 254

Potential Areas of Impact for Consumers and their Families

- Ability to make choices that reflect their preference and values.
- Enhanced access to LTC services and supports.
- Opportunities to maintain independence and experience optimum quality of life.
- Families will require better training about the aging process and the management of LTC services, as well as training in how to be an effective caregivers.
- Consumers need information and training in how to manage their own care and the work of caregivers.



Potential Areas of Impact for Consumers and their Families

- Consumer will be encouraged to plan ahead for LTC needs, as well as be better prepared to make informed decisions about their options.
- Improved accessibility for younger adults with disabilities.
- Continuum of LTC services and supports would be strengthened.
- Better coordination and integration of services for the chronically disabled.
- Better management of transitions between care settings.



Potential Areas of Impact for Consumers and their Families

- Through implementation of Home Choice (MFP) strategies, current NF residents will have opportunities to return to home and community-based (HCB) settings.
- Allowing “Home First” enrollments into programs and services that currently have waiting lists.
- Care management could be extended to all consumers with need for LTC services and supports.
- Each Ohio HCBS and support program could have consumer-directed options which consumers may choose.
- Additional housing and supportive service options could be developed for HCBS consumers.

Potential Areas of Impact for LTC Providers and Service Systems

- Aging and disabilities service systems would be better coordinated.
- New growth opportunities in the home care, and assisted living / RCF industries
- Role and capacity of Ohio AAAs in LTC would be strengthened.
- Integrated management information systems.
- APS systems would need to be strengthened to protect the increased numbers of vulnerable and at risk seniors in the community.



Potential Areas of Impact for LTC Providers and Service Systems

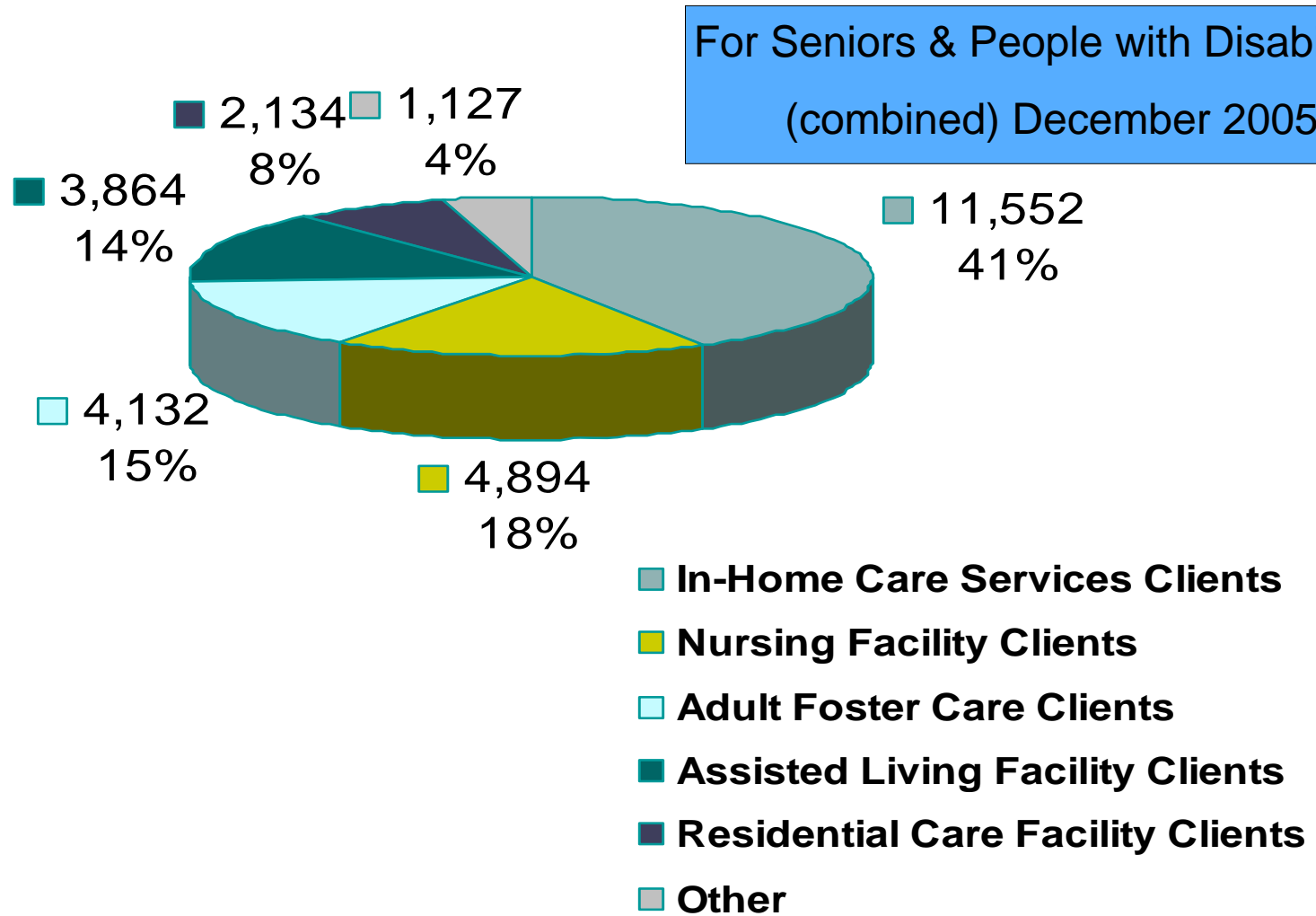
- LTC staffing shortages will need to be addressed and the workforce developed to meet the anticipated growing need.
- Demand for traditional long-term custodial care will continue.
- CMS Quality Framework would be incorporated into all Medicaid LTC services and supports to ensure quality of care.



Oregon ULTCB Model

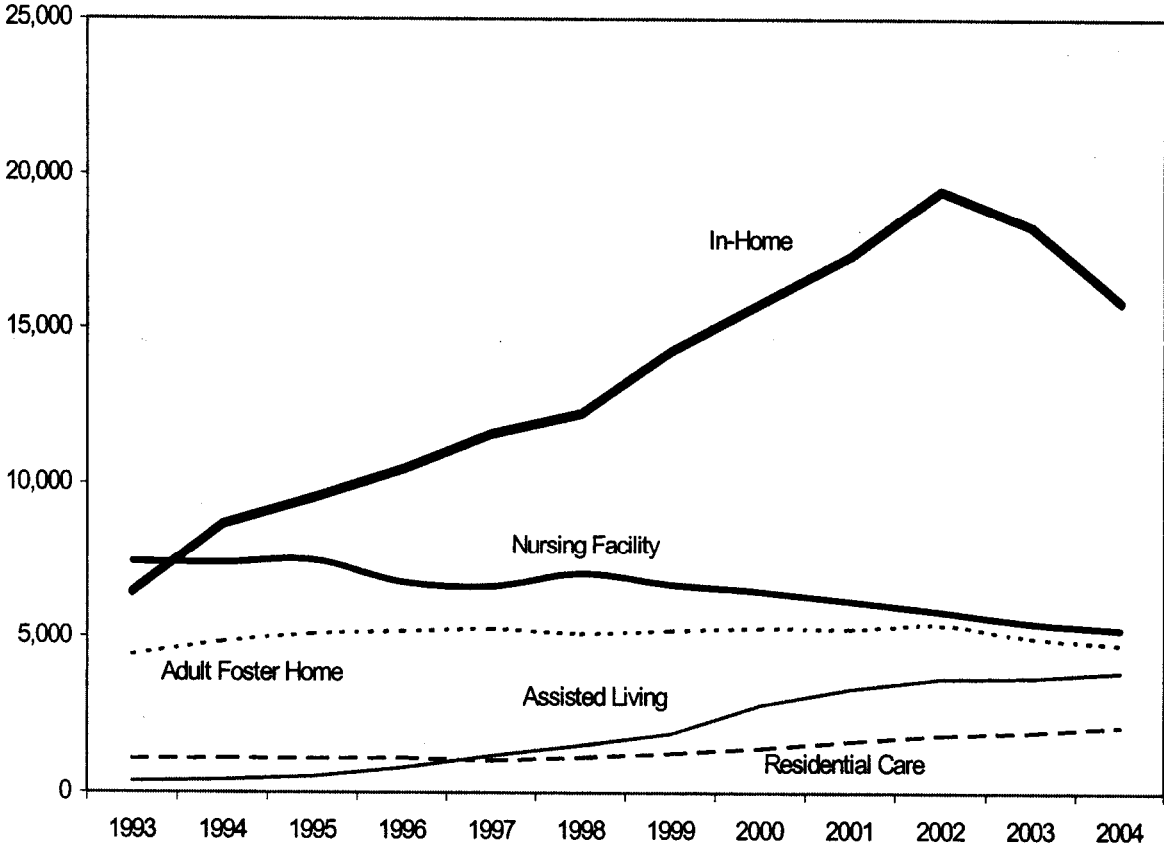


Oregon's LTC Medicaid Caseload by Care Setting



Growth of Community-Based Care Over the Last Decade

Seniors and People with Physical Disabilities Long-Term Care Settings



Proportion of Medicaid Spending

State	Nursing Facilities	Home Health and Personal Care
Oregon	25.0 %	71.2 %
California	30.4 %	42.6 %
Maine	32.4 %	54.5 %
Washington	34.7 %	55.1 %
Texas	36.3 %	45.1 %
New York	37.6 %	43.8 %
Vermont	42.1 %	27.4 %
Massachusetts	48.2 %	43.4 %
Ohio	53.8%	21.9%
Florida	59.0 %	32.6 %
Pennsylvania	65.2 %	24.4 %
Michigan	77.7 %	20.5 %

Source: Pew Center on the States Special Report, FY 2004

Oregon Consumer Stories



Joyce & Steven



Joyce is a 77-year-old, level 10 Medicaid client with diabetes. Without Medicaid assistance and an in-home care provider, her health would decline dramatically. Due to cognitive problems, she requires assistance monitoring her blood sugar and taking her medications. Without this assistance, she could easily end up in a diabetic coma. Her in-home care provider also assists with meal preparation and provides substantial assistance with mobility. Joyce's husband Steven is 82, and also a level 10 Medicaid client who suffers from cognitive loss.

They receive 108 hours of in-home care a month at a cost of about \$1,002. The assistance they receive from Medicaid enables them to stay together in their own home.

George



George, age 86, has been on Oregon in-home Medicaid services since his wife died in 1998. He needs assistance with mobility, elimination, bathing and cognition, and has a primary diagnosis of chronic obstructive pulmonary disease (COPD).

As an Oregon Medicaid consumer, he receives 59 hours a month of in-home services at a cost of about \$2,092 a month. These services allow him to remain in his own home. If these services were not available, he would be living in a nursing facility at the almost-tripled cost of over \$6,000 a month.

BRAD



Brad, age 54, is a Tillamook resident who receives Oregon Medicaid services. As a result of an accident, he has quadriplegia with no movement from the neck down. He is on a ventilator and requires immediate supervision at all times for his breathing, as he is unable to cough.

Brad can't afford to pay for his in-home care that costs about \$7,589 a month. He pays \$1,096 towards his care, which he directs himself. Without the one-on-one, 24-hour care that he receives at home, he would need to be placed in a nursing facility, which would cost about \$7,944 a month, and which could expose him to life-threatening germs.

For 20% less than a nursing facility, Brad can, like most of us, enjoy being at home.