
	
	<b>Meeting Topic:</b> Balancing Workgroup
	<b>Date:</b> August 13, 2007
	<b>Time:</b> 1:00pm – 4:00pm
	<b>Location:</b> Lazarus B406

<b>Meeting Attendees:</b>	Julie Evers, Roland Hornbostel, Chris Murray, Beverly Laubert, Beth Foster, Deb Clayton, Nancy McAvoy, Deb Nebel, Judy Patterson, Pete Van Runkle, Jim Rosarim, Chris Kenney, Maureen Corcoran, Paul Jarvis, Mike Schroeder, Dolores Blankenship, Wendy Winder, Dave Carr, Julie Johnson, Duana Patton, Shelly Papenfuse, Mary Butler, Lauren Phelps, Laura Mathews
<b>Purpose of Meeting:</b>	MFP- Balancing Workgroup

## AGENDA ITEMS:

Time	Topic	Discussion Lead
5 minutes	Welcome & Announcements	Julie Evers & Roland Hornbostel
30 minutes	The Front Door - Defining	Julie Evers & Roland Hornbostel
60 minutes	The Front Door – Ideal/Desired	Julie Evers & Roland Hornbostel
15 minutes	Break	
60 minutes	The Front Door- Issues	Julie Evers & Roland Hornbostel
5 minutes	“As-Is State of LOC/Preadmission” Revised Table	Julie Evers
5 minutes	Next Steps	Julie Evers
Adjourn		

**\*Next Meeting:** August 27, 2007 1:00pm -4:00pm Lazarus room A501

	
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## Meeting Notes:

### Welcome & Announcements:

Julie and Roland welcomed attendees to the meeting and participants introduced themselves. Julie & Roland clarified that the main topic for discussion was defining what the “front door” is and delineating what the ideal front door should look like.

### The Front Door:


Julie asked participants to think like a consumer. Roland stated that based upon a review of the responses received to the Q&A, participants fell into one of two cans: (1) broad system-wide perspectives and (2) specific (e.g., rule revision) perspectives. He stated that both are good- but the group needed to collectively start from the same place- How broad or how narrowly do we want to define the “front door”.

### The Front door- Defining and Discussing the Ideal:

#### Summary of comments:

- Easy to access, not a maze or too complex (reduce duplication, paperwork/assessments across systems)
- Revolving- life planning concept (consumers can utilize as needs change)
- Choice- consumer focused
- Warm hand-offs/referrals and follow-up as needed
- Navigation of system (assertive case management) if needed
- Coordination with multiple case management entities
- No wrong door
- Breaks down silos
- Identifies gaps in system
- Front door is always unlocked
- Good customer service (accommodates consumer needs)
- Mobile
- Importance of education regarding programs/services for local “intake” staff, case managers, medical providers (hospitals, physicians), and consumers.

Question for Group: Where does the front door stop? Look at the process/steps...financial eligibility determinations, functional assessments (LOC), PASRR, case management/care coordination.


	
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Response(s):


- It stops with the provision of direct services.
- The case management function could fall either way.
- Could end at point of referral- but what gets oftentimes missed if the follow-up piece.
- It doesn't stop (revolving)
- Front door is about resources and dollars- access to getting something/services paid for (e.g. thru Medicaid).

Identifying the Ideal- Participant Suggestions:

- The front door should not stop- should be revolving as needs change. It should be connective and cohesive (bigger picture across systems). It could be a “core” that radiates out to other resources.
- Should be easy to understand, not complex.
- Should be a source of information
- Should concentrate of the individual's needs/choices
- When looking at LTC needs, there should be a single point of entry that explores all options up front (currently hard to change programs/location once decision is made)
- Should provide information of variety of options so consumers don't get deeper into a program/situation than they need to.
- Currently not all systems are adequately promoted (consumers may not know about alternatives). Need better mass communication about possible alternatives.
- Needs to clearly communicate alternatives to consumers. Need up-front education & communication regarding options.
- Should offer good customer services (knowledge base and attitude)
- Should be accommodating (hearing impaired, culturally competent)
- Should be mobile (go out to folks if they cannot come into an office)
- The front door relates to LTC planning- should not be associated with a particular point in time, options and access should be ongoing as needs change (revolving).
- Fragmentation- currently many front doors. There should not be one “right” front door, all doors should be able to help consumer know where to go/help them gain entry. Staff need to be educated so they can accommodate consumers regardless of where (e.g., what program(s)) they end up in.
- Should help connect consumer to a navigator (assertive case management function) to help consumer navigate system (if wanted)
- Like money following the person, there should be a case manager following the person
- Processes should be timely- (Timeliness of entry into program(s) and of communication across systems)

	
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- Hospital discharge planning needs to be an important part. Education of planners regarding options/programs
- Educate hospital staff and doctor's offices about alternatives/options
- Education of providers- currently in the MRDD system, oftentimes physicians do not want to refer small children to system.
- Do a screening before the more in-depth assessment to help facilitate entry process (decision tree concept). Intake staff should know what's available regarding other options so they can help consumer access appropriate system/services.
- PAAs have good system (knowledge about other resources). Younger folks won't go there. How can we infuse that model into other systems?
- Consumer doesn't think about services until they need them (no life care planning). Need to communicate options and importance of planning. (e.g., individuals coming back from war zone with TBI).
- Aging system more developed than disability systems (although needs/questions are different)
- Support structures can vary by system too
- Help consumer gain entry into program or services even if not part of that program/services system (no wrong front door)
- Consumer focused and monitoring of referrals (research shows that consumers can fall through the cracks with just a simple referral- front door should either help consumer gain entry into appropriate program/services or do warm hand-offs- referenced ADRN). In addition, the front door staff should help consumers know what kinds of questions to ask (educate consumer).
- There should be cohesiveness between front door and service delivery system(s)
- Should either reduce the # of silos or join them.
- Should maintain broad array of information and help consumer narrow down to more specific information (programs/services) based on needs
- Goal of the front door should be "informed choice"
- Should not be a maze
- Staff should talk to consumer about desires (not specifically/just family members/guardians). Sometimes the information about choices has already been shared with family members/guardian and then the consumer ends up in a program/situation they do not want to be in.
- Should not be so many assessments and care plans across systems. Don't want duplication of resources (it may be appropriate to have 2 case managements due to differing systems/goals (e.g., MH and MRDD) but it is important that there be one joint care plan.
- Should be about 1 form/set of paperwork (not multiple sets across systems). How much information do we want to collect at the "front door"? Could there be stages of information gathering (screen versus latter assessment etc).
- Keep in mind technology (use of IT systems, Internet etc). Role of technology with supports

	
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too, not just up-front enrollment/eligibility process.

- Should keep track of gaps and overlap. So issues can be addressed
- Serve as a place consumer can go back to if they need help/their needs change
- Needs to have a quality assurance piece-lots of staff turn over. Should provide consumers with information on the quality of the services/programs/providers.
- Education. There needs to be cross system education and training. Intake staff should be most informed regarding all options but oftentimes they are not.

**Front Door- Issues/Barriers:**

Question- if a front door is such a good thing, why don't we have it already? (Leads to Issues/Barriers discussion).

- Outdated IT systems
- Limited resources (dollars, staff, time)
- Conflicting philosophies/priorities
- Categorical funding
- History (we've always done it this way)
- Disparate funding (services and infrastructure) across systems (e.g., ODMH mentioned IMD exclusion. No HCBS in CMH system- no \$ to take out of behavioral health system to fund HCBS, LOC issue)
- Turf, control issues
- Thought that nobody else knows how to do it better than we do (professional and governmental systems clash).
- Lack of common goals across state departments
- Some systems dependent on local dollars (equal access issue)
- No way to calculate service needs (e.g., adult day service needs) especially across systems. No way to calculate bed need for LTC (statutory prohibition). No way to relocate beds across county lines.
- NF beds are a financial commodity- other services are not.
- Every silo has own specific requirements (rules, forms assessments etc). Would need buy-in at state and local levels to change.
- Collectiveness was not valued previously
- Differences/discrepancies regarding eligibility; patient liability and post-eligibility treatment of income across programs.
- Different provider qualifications and payment rates across systems/programs
- NF is an entitlement (medical service), many of the other (e.g. HCBS) services are not. Model is too medical in nature.
- Financial incentives and disincentives (regarding funding of housing and transportation)

	
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-Too much emphasis of parent/caregiver/guardian- needs to focus on consumer

Participants asked staff state what the barriers were from their perspectives. Response: similar issues as outlined above: old IT systems, different budget line items and funding streams etc. The LTC services and supports system has been a changing target over time (to address needs/issues as they have arisen). The role of the LTC system has changed quite a bit over the last 15+ years. Now, the state and local partners need to play catch up. Need to look at processes, infrastructure and at criteria (e.g., LOC rules).

Participants asked how far the state departments were willing to go regarding the front door and associated changes. Participants shared concerns that such discussions have occurred previously and nothing really changed. Participants wanted assurance that this work would not be pushed aside. Response: The Operational Protocols (OP) for MFP are under development. They do not specifically call for information on rebalancing but the departments may put some general language in the OPs to address potential rebalancing goals. Quite a bit of the rebalancing work will tie into the Unified Long Term Care Budget (ULTCB) work. State staff stated they were not certain of actual parameters but the group could identify some short-term, intermediate and long-term goals. Staff are thinking pretty big in the long-term (will require rules work, infrastructure changes, LOC changes etc). Departments have talked about having a single assessment across programs with internet involvement. The Virtual Front Door (VFD) grant was referenced. If the state were to get the VFD grant things would happen faster.

**Sub-committee for ULTCB:**

Roland asked the group if they would be willing to also serve as a sub-committee for the ULTCB group. Participants responded that they would.

<b>Action Item(s)</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Think of your top 5 recommendations for developing the ideal front door. Break recommendations into short term (SFY 08), intermediate (undefined, sometime in-between) and long-term (defined as the end of the MFP grant in 2012) work. [A total of 5, not 5 each for short-term, intermediate and long-term]. Send your responses to Lauren Phelps at <a href="mailto:Phelpl@odjfs.state.oh.us">Phelpl@odjfs.state.oh.us</a>	Workgroup Participants	Tuesday 8/21



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Draft meeting minutes	Lauren Phelps	Wednesday 8/15
Send any additional comments on the draft “Entry Doors” table to Lauren Phelps	Workgroup Participants	Friday 8/24