Senate Medicaid Committee
LeadingAge Ohio
Sub HB 64
Thursday, May 7th

Chairman Burke, Vice Chairwoman Manning, and Ranking Member Cafaro, and members of the Senate Medicaid Subcommittee, thank you for the opportunity to testify today on Ohio's operating budget for FYs 16 and 17 in Sub House Bill 64. I am Kathryn Brod, President and CEO of LeadingAge Ohio, a professional association of non-profit long-term services and supports providers, serving an estimated 400,000 elderly Ohioans and employing approximately 35,000 Ohioans every day. Our members provide the full continuum of care from community-based pre-acute home health to post-acute services, including skilled nursing and hospice services. These services are often provided to chronically ill and frail elderly, many of whom could not afford such quality services and care elsewhere.

As you know the Administration has proposed moving toward stronger quality measures, and we believe it is the right path for the State of Ohio to take for long-term care. We agree with looking at more clinical measures to demonstrate better health outcomes. However, with such drastic changes in the long term care industry in Ohio especially with the creation of MyCare Ohio, we think it is important to align quality measures with established quality programs. We believe this will help with better data collection over a longer period of time, which will more accurately show whether quality is improving in long term care facilities. As such, we looked at the existing quality programs long-term care facilities are required to measure, including MyCare Ohio, CMS 5 Star Rating, Nursing Home Compare and the Administration's proposal to identify where there is alignment. This will permit Ohio to not only compare LTC facilities in Ohio, but also how Ohio facilities are doing compared to national data. Based on this assessment, LeadingAge Ohio proposes the following quality measures for quality incentive payments beginning in FY 17:

1) The quality measures will be divided into two categories:
   1) Measures that apply to short-term residents not in hospice and
   2) Measures that apply to long-term residents not in hospice.

2) The category of measures for short-term residents will include:
   (a) Percent of residents who newly received an **antipsychotic medication**;
   (b) Percent of residents with **pressure ulcers** that are new or worsened;
   (c) Percent of residents with an **Emergency room visitation** rate;
   (d) Percent of residents discharged from a hospital stay who as **readmitted to a hospital** within 30 days, either from the same condition as their recent hospital stay or for a related reason.

3) The category of measures that apply to only long-term residents will include:
   (a) Percent of residents who were diagnosed with a new episode of major depression and treated with **antidepressant medication**, and who remained on antidepressant medication treatment;
   (b) Percent of high risk residents with **pressure ulcers**;

(c) Percent of residents with an **Emergency room visitation** rate;
(d) Percent of residents discharged from a hospital stay who as **readmitted to a hospital** within 30 days, either from the same condition as their recent hospital stay or for a related reason;
(e) Percent of residents with a **urinary tract infection**.

(3) The department shall **convene a workgroup of nursing home associations to identify thresholds for each quality measure**. The department shall specify in rule the target percentage for purpose of calculating quality incentive payments. The calculation to determine quality incentive payment should be made available to all regulated entities. The calculation for the measures affecting both short-term and long-term residents will have specific targets for both short-term residents and long-term residents and adjust for both populations included in the final calculation to determine quality incentive payments.

(4) The **department shall create by rule optional quality measures and a distribution formula for meeting the optional quality measures**. The quality incentive payment for the optional measures will be paid for with any money remaining in the quality reserve after the first five quality measure payment is distributed.

(5) Upon distribution of quality incentive payments under division ( )(3) of this section and optional quality measures under division ( )(4) of this section the **remaining balance shall increase the per Medicaid day payment rate on a pro rata basis to those facilities who have met at a least one quality measure** for the measurement period.

LeadingAge Ohio continues to strive to care for all of Ohio's seniors by delivering more innovative models of care to allow our seniors more choice in where and how they receive the services they need. Our member, Jacci Nickell COO of National Church Residences, will speak to the home and community based provisions that we also support in Sub HB 64.

Thank you for the opportunity to testify before you today.