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CC: Lee Pearsonlee@imph.org

Date: 11/24/2014 3:26:24 PM

Subject: RE: LTC Recommendations and Voting Process

Hello, all.

I have several general comments and suggestions that relate to specific recommendations.

General

1. I am still concerned that we lack data to support some of the recommendations, especially those recommendations that will require additional funding.
2. In one case recommendations from two committees should be better coordinated to create a stronger case for additional funding. I'll mention these recommendations below.
3. There are numerous recommendations across the committees that are the same or similar. I believe that the IMPH board will have a difficult time absorbing these recommendations without some preliminary "lumping and splitting". Of course, doing this will take some of the recommendations out of the committee structure as currently presented, but I believe that there will be a better reception by the board.
4. The recommendations are heavily focused on state agencies, especially SC DHHS. There are many (perhaps more) non-Medicaid individuals who are users of LTSS. They are supported by informal caregivers and private pay resources. At some point in our report, I believe that an overview description/discussion of this group is needed to support our recommendations re: caregivers, UAP registry, etc.
5. Please define the types of workforce personnel who make up the UAP group.

Specific

1. Recommendation I.A. – Is this proposed consortium also charged with determining estimates of the need by type of workers in the LTSS workforce?
2. Recommendation II.A, - Re: the 50/50 goal for Medicaid. First, this recommendation and Recommendation IV. E. do not necessarily support each other. Further discussion to clarify where additional resources could support new target groups and/or more services for current populations would be helpful. Also, within the 41% HCBS funding the percentages for each target group differ: aged/disabled – 26.2%, developmental disabled – 65.3%, and Severely Mentally Ill/Severely Emotionally Disabled – 21.9%. Since this area is one of

the more important recommendations in our report, I would like to feel that we could stand solidly behind it.

We're not there yet.

SC Medicaid already serves more individuals in the aged and disable waiver program than are served in skilled nursing facilities each year. My preference would be to focus on the appropriate number of HCBS participants in each subgroup (A/D, DD, SMI) and not to use the 50/50 funding approach. The FY 12 Truven Health Analytics Medicaid Expenditure report shows wide variation in % of HCBS expenditures across the 50 states, especially when one looks at the subgroups. Who's to say what the most appropriate funding ratio for SC is? We can count waiting lists and use other data sources like population growth to estimate the unmet need.

Also, in recommendation II.B., we have suggested more HCBS funding for the Office on Aging. In my opinion, this recommendation should be coordinated with the aged and disabled Medicaid HCBS funding request. Again, clearly identifying the targeted subgroup(s) of the aging population to be served by each funding request would strengthen our recommendation.

I feel that it is premature to present our recommendations as written to the IMPH Board.

Tom

From: Eleanor Stein [mailto:eleanor@imph.org]

Sent: Friday, November 21, 2014 5:18 PM

To: Anna Scheyett; Bruce Bondo; Cindy Helling; Coretta Bedsole; Gloria Prevost; Lea Kerrison; Nikki Hutchison; Pam Dukes; Pete Liggett; Sam Waldrep; Stephanie Blunt; Teresa Arnold; Brown, Tom; Tony Kester; Vickie Moody; cindy.alewine@alz.org

Cc: Lee Pearson; Eleanor Stein

Subject: LTC Recommendations and Voting Process

Importance: High

Hi everyone,

Attached please find the document containing the slate of LTC Taskforce recommendations for your review. As mentioned in our meeting earlier this week, **please do not circulate this list beyond the steering committee.**

Please respond to this email by the close of business on Wednesday, November 26 in order to place your vote on the package of recommendations to be presented to the IMPH Board. Ultimately, you will have the opportunity to weigh in on the final report, which will present these recommendations in a more seamless, coordinated package with appropriate supporting evidence. At this point, we are simply asking for your approval on the package that will move forward to the IMPH Board.

Here are the voting options:

- I approve the package of recommendations as presented.
- I approve the package of recommendations **with the following exception(s)**...
 - Please make sure to identify the committee name and recommendation for any noted exceptions. A short description of your concerns would also be helpful.

As a committee, you agreed that you would "reply all" when casting votes so that all steering committee members can see your feedback. (If you have detailed suggestions about necessary supporting evidence or messaging considerations, you can certainly send that directly to me so as to reduce the review burden of the entire group.)

We will have the chance to gather in mid-December to talk over any discussion points that come up via the voting process and/or IMPH Board review. And, as noted above, you will also have a chance to weigh in on the substance of the final report once it is compiled.

As always, I appreciate your considerable support of the LTC Taskforce. I hope you all have a wonderful Thanksgiving celebration with family and friends!

Thank you,
Eleanor

Eleanor Stein
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