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Opportunities for Living Life (OLL) Newsletter

THE OKLAHOMA HEALTH CARE AUTHORITY

What is OLL?

Opportunities for Living Life (OLL) is charged with developing, operating and administering new program initiatives for SoonerCare. Additionally, OLL is charged with developing collaboration among state and private agencies, community organizations, and stakeholders in creating a system of health care, long-term care support and homeand community-based services support that meets the needs of every Oklahoma citizen.



SPECIAL POINTS OF INTEREST:

- What is OLL?
- \$50 Million Awarded to Oklahoma
- · Quality of Care Reporting
- Nursing Facility Survey Results
- In the News

THE NEXT OLL NEWSLETTER:

Also—sign up to receive the OLL Newsletter by emailing OLL@okhca.org or calling Dena @ 405-522-7343.

OLL Mission Statement

To enhance quality of life for target citizenry by delivering effective programs and facilitating a partnership with the community.

\$50 MILLION AWARDED TO OKLAHOMA

With the support of the governor and key executive and legislative leaders, the Oklahoma Health Care Authority (OHCA) and partners Progressive Independence (PI), Long-Term Care Authority (LTCA), Department of Human Services (OKDHS), community organization leaders, and stakeholders came together to design the *Oklahoma Long-Term Living Choice Project (OLLCP)*. Over the next five years \$50,166,429 will allow each Oklahoman to receive care in the setting that is appropriate for that individual. The program will identify barriers to community living and offer transitional reform through innovative pilot projects, allow the expansion of ongoing projects, and improve community integrated services in order to:

- Increase the use of home- and community-based rather than institutional services;
- Eliminate barriers that prevent or restrict the flexible use of SoonerCare funds;
- Increase choice and control for the Self Directed Service Delivery System;
- Assure continued provision of home- and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting;
- Provide for continuous quality assurance and quality improvement of services for those receiving home-and community-based long-term care services;
- Long-term supports coordinated with affordable and accessible housing.

OLLCP will be a seamless infrastructure that allows individuals to select appropriate medical and social services in an environment of their choice, increasing the use of home-and community-based, rather than institutional, long-term care services. This infrastructure will include the effective and efficient exchange of information, shared resources, and an emphasis on person centered care. Watch the OLL Web site for more information about the Money Follows the Person program.

Quality of Care Reporting

Quality of Care reports are monthly reports for documenting purposes of staffing ratios, total patient gross receipts, and total patient days. The purpose of the report is to ensure that facilities are compliant with the minimum direct-care-staff-to-resident ratios. All nursing facilities and Intermediate Care Facilities for the mentally retarded are required to submit the monthly report to the Oklahoma Health Care Authority. The report is due by the 15th of the month; if sending by e-mail, OHCA must receive the report by 5 PM CST. Facilities may also send the report by Certified Mail and must be postmarked by the 15th of the month the report is due. If the 15th falls on a weekend or holiday, then the report is due by the next business day. OHCA was mandated by the Oklahoma Legislature to assess a monthly service fee to each Licensed Nursing Facility in the state. The fee is assessed on a per patient day basis, is uniform for each facility type and determined as 6 percent of the average total gross receipts divided by the total days for each facility type.

Policy for the reports can be accessed at www.okhca.org 317:30-5-131.2. If you have further questions about Quality of Care reports, please contact Brenda Smith at 405-522-7313.



Rewarding Quality in Nursing Facilities: Results from a Statewide Survey

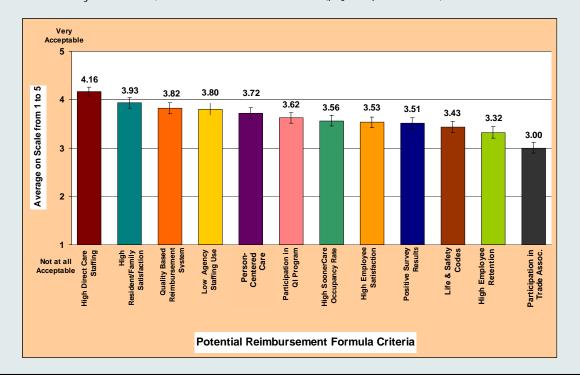
Purpose: The purpose of this study was to investigate the preferences and suggestions of nursing facility providers regarding the possible implementation of an incentive-based reimbursement system. The reimbursement system would take a "pay-for-performance" approach by addressing a defined set of quality measures. The survey asked providers to rate 11 potential measures as well as the general acceptability of a quality-based reimbursement system.

Results: Nursing facility administrators were asked to rate the general acceptability of a quality-based reimbursement system along with 11 specific quality measures. The figure below illustrates the survey's findings. In order, as ranked by survey respondents, those 12 items were:

- Direct care staffing;
- 2. Resident and family satisfaction;

- 3. Quality-based reimbursement system;
- 4. Utilization of agency staffing;
- 5. Person-centered care;
- 6. Participation in a quality improvement program;
- 7. SoonerCare (Oklahoma Medicaid) utilization;
- 8. Employee satisfaction;
- 9. Annual survey results;
- 10. Life and safety codes;
- 11. Employee retention;
- 13. Participation in trade and industry associations.

In general, the ranking of these measures indicates an overall acceptance by nursing facility providers of a reimbursement formula that rewards quality measures (pay-for-performance).



IN THE NEWS: "34 percent of elderly use long-term care insurance in home"

An Associated Press article that appeared in the Feb. 4, 2007, issue of the <u>Baltimore Sun</u> reported that one-third of seniors claiming long-term care benefits in 2006 used those benefits to cover in-home care. The remaining funds went to assisted living

centers (30 percent) and to nursing facilities (36 percent). With more emphasis at the national and state level being placed on providing care "in the location most appropriate for the individual," it is likely that the number of seniors opting to receive care in their homes will increase.

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