



Themes:

- **Prevention planning and early intervention and Support for + 95% of population without Medicaid including:**
 - Support family caregivers, increased availability of respite care
 - Increase public education and outreach about long term services and supports including the ADRCs
 - Support housing, transportation and employment resource development
 - Expand OPI, educate about LTC insurance and low cost, affordable LTSS for private pay
 - Support wellness, housing, stand-alone services for those just needing a little help

- **Person-centered services**
 - Address issues of social isolation, support holistic assessments and service planning, high priority is choice and flexibility in LTSS options

- **Independence enhancing technology**
 - Increase access (including equity issues), availability, training, resources, information and types of technology available to assist both consumers and workers

- **Community engagement**
 - Grow programs that support community engagement such as gatekeepers, senior companions, employment and volunteer programs
 - Leverage networking, coordination and partnership opportunities to build communities and community connections

- **Service Settings and workforce development**
 - Support in-home and CBC options
 - Develop provider capacity and training (including career tracks) as well as increased monitoring and oversight to improve quality
 - Too much regulation of NFs and not enough of other facility types
 - Increase Medicaid rates to help assure continued capacity and access for Medicaid and low income people
 - Community Based care changes in proposed regulations
 - Support better coordination between providers and medical systems

- **Improved outcomes for all Oregonians**
 - Address provider capacity and training to serve people with mental health, dementia, cognition and other complex needs
 - Work of issues of health equity in access to care, culturally responsive providers and settings
 - Make sure there's funding for proposed changes: don't jeopardize the strengths of the current system for possible future benefits
 - Support for guardianship services

- **Entitlement**
 - Reactions to the idea and/or concept of changing the entitlement of Long Term Care Services from nursing facilities to Home and Community Based Care

- **Miscellaneous**
 - Coordination of medical and social systems, not related to providers
 - Program changes/evolution, funding
 - Timeline for LTC 3.0
 - Comments on slide design
 - Miscellaneous

- **Specific to Presentations**
 - Comments related to the PowerPoint presentation
 - Comments related to the presenters

- **Comments regarding survey questions**
 - Comments that were added regarding the specific questions on the survey

During the LTC 3.0 tour throughout Oregon communities, a total of 391 surveys were completed. Question #7 asked if there were any other comments that people wanted to add. A total of 233 comments were captured on the surveys, which include 34 specific comments that were added to questions #1-#6 on the survey. Each header captures the total number of comments related to that topic compared to the overall comments.

Prevention Planning and Early Intervention and Support for + 95% of population without Medicaid 39/239=16%
Good discussion re: supporting new business models for nursing facilities. Also need to have this thinking for expanding to non-Medicaid how to promote new business models in AAA/APD local programs.
Need to have support for family caregivers
We need to develop a core of trained persons to carry this message to the public.
Great that you all thinking about –be sure to include caregivers in your follow up.
Interesting program-more dialogue needed. OPI has been under siege for years and many concepts legislative buy in every biennium
Like the idea of being able to buy into Medicaid services. The CMS requirements trouble me because I think most of our AFH population are unable to exercise these rights/options.
Transportation included in plans
Personally I feel too much thought is given to the lowest percentage of aged and disable people. This is a start but I feel the entire aging and disabled should be considered. The cracks are large when 95% are not Medicaid. Many seniors already have no savings left and not even ownership out right of their homes. Thinking needs to happen on these numbers in our seniors. Disabled are being taken care of unless you are a senior and disabled. They contributed their entire life and now need extra help.
Boomers will overwhelm current resources. Major focus should be on prevention and outreach. It should not be primarily provided by online tools- needs to be in the community.
Promote and cut bureaucracy to caregivers at home. Promote adult day care center.
People want to stay in their homes. When people endanger themselves or others there needs to be some kind of intervention. Often this intervention requires 24 hr/day care. Families/friends alone cannot provide 24 hr care without endangering themselves physically or emotionally.
Advocacy training/information is a “most important” activity for seniors in need to receive care needed with the
Transportation issue NOT adequately dealt with presentation. For example, daily moves in and out of NCs. How in rural settings?
One of the things that has always troubled me, is the limited response I can give the average, hard-working citizen, who has a crisis arise and looks to our office for support, help and encouragement, only to learn we are only providing services for the poor. Inevitable, they say, “I thought you were “senior and disabled services”. There are often things that could be done to help them navigate their situation and avoid pitfalls and decline, but we have been limited. However, they sometimes show up again when their condition is much worse.
Need to look at affordable and or subsidized housing to support the goal of receiving LTC in home.
This is interesting; please take a look at the income standard for our clients to stay in home. \$698.00 standard is not enough monies to live at home.
Early preventative med mgmt/meal prep- may not qualify for our current SPL but if these services were available it could promote more independence, less medical issue, etc.

Prevention Planning and Early Intervention and Support for + 95% of population without Medicaid 39/239=16%
I'm glad to know that there is an ongoing effort to address "long term care".
Families have many trust issues and are less likely to send a loved one to a nursing home or other supports until their family member is in crisis.
Sliding fee excellent idea!
More education, resources and more available
Place to go for information & support. Community connection? Way to bring others together to find help and support for long term etc.
Education that services are mobile, not static. That there is a flow between (back and forth)
Additional funding for OPI, Family caregiver support program are needed. Please fund ADRC @ COCOA. Thx
Good presentation. Would like breakdown sessions for 2nd half of day- not just 2 hour meeting
Nutrition and food prep or technology to assist
Measurable outcomes for ADRCs, OC, family caregiver support are important to increase and secure funding at the federal level.
Heard some good ideas, shared housing, companion assignments, vouchers for homebound seniors
Expanding OPI with rock solid funding should be high priority, culturally appropriate LTC services need to be a core value (LGBT, LEP, immigrant, etc.)
We also need more CBC resources, low-income housing.
Try to get the word out more. Education. Transparency for programs to help understand. Thanks Max & Bob!
We really need to focus on how cost swings of this model could be re-allocated to support people's independence and quality of life in the community. If we don't invest in more prevention models and partnerships to provide services we will continue to have a soiled system of care that spends the majority of funds on the frailest and sickest segment of the population served.
Please update us on next steps, action items. Please remember needs of non-Medicaid. Help support consumers with choices. Less preaching to the choir and more "listening" to ideas
Good luck! Sounds wonderful. The idea of being able to help people before they go broke or bankrupt is great.
Please support us <ol style="list-style-type: none"> 1. Housing 2. Transportation 3. Healthcare and community accessibility
The absence of the OHA, OHB and the CCO in the discussion is concerning to me. There seems to be a lack of willingness to address the complexity of LTC as it relates to the broader domains of health care and public health. And yet it all interrelates on so many levels

Person-centered services 12/239=5%
Concept of person-centered was taken too far as to be almost silly. For sure not attainable any time soon.
Enforcement mechanisms in place to certify ADA current protections to participate
Present to hospital social services.
have concerns about decision making abilities of people with physical and emotional challenges when addressing a change of residence and extensive fluctuating care needs.
for people who choose to receive in-home services it is important for that individual to realize the responsibilities and risks that they are taking on
Would love to see a way for clients to become healthier by choice thru counseling-both medical and psych. I see many, many people who are overweight who access services and use state/federal dollars without being asked to take personal responsibility. This needs to be a two –way street.
There are models like Quad Inc and Pine Point- specialized independent living that have not been well supported by the case management state and county system because they don not have the control and regulations like a nursing home type facility. Even AFH’s that have tried to support more individual needs have not gotten good support from regulations. Look at the Pine Point Model. It was built with the same goals you are talking about in your new ideas.
-I see some ideas that I agree with make a positive impact (eg focus on early prevention and improving access to in- home support. Making sure NF residents need to be there) But I see some recommendations that I feel will do.)
I think we are entering new and exciting territory and look forward to client centered care...the wave of the future. It will have better outcomes and over time save us funds.
Can we get the word out not only to our adults but to our younger community! Go to there house and see what they want. What would you do if it was yourself. Keep our elders and disabled active and healthy and happy.
There’s a lack of services to support people with pets to maintain that pet. Example, no support for walking dog, litter changing, letting dog out, etc. People are faced with having to give up pet to continue care setting and sometimes pet is primary companion.
Important to work with at home options, but also enhancing the nursing home option by creating a less institutionalized, culturally focused living situation.

Independence enhancing technology 2/239= <1%
Create advisory group to promote use of technology for family caregivers and in community based settings
Testing technology will be difficult but needed!! Innovative options need to be discussed more.

Community engagement 13/239=6%
Use AARP as a resource-we are already talking about these subjects. Also, we can market and have volunteers to assist in the communities.
APD has a role to play in not only in traditional LTC-where services are admitted/delivered by aging services. Cost effective/wage but also in helping shape communities to be age-friendly so we help people remain healthy and independent.
Thinking outside the box should also include community organizations as active partners in supporting those in need.
Support services need to include outside community monitoring
Community centers in towns, either or medical, social
Would like to see more collaboration w/other agencies, services and providers. Utilize resources and best practices to provide joint cost effective and efficient services. Include collaboration in your strategies.
The focus of strength based case management needs to that “strength based”. I suggest that we need to be proactive, by doing presentations to hospital case managers, hospices, home health, and others, need to know, what we can and cannot do, and not just assume we can help everyone right now, so that they don’t have to change. We need to be proactive and education them.
Education is important Exercise is so vital Can also partner w/hospitals/programs I took our residents to an 8 week balance class that only cost \$15 total per person.
Centers for Independent Living (CILs) are available to provide supports to people with disabilities to help prevent institutionalization in most Oregon counties.
We need to look at other options for people i.e. community of seniors and younger people (families & children) living together to help each other with the functions of living. People living together in one home, etc. There are models in Sweden and in other areas of the U.S. – need developers and government encouragement of these options.

Service Settings and Workforce Development 22/239=9%
It’s a big concept and I’m not sure our current population of seniors would like that.
I am concerned about the expense in #s and staff time to enforce lockable door, control of schedule, access to food. I love the idea just wonder about practicality
Consideration for how LTACs fit into planning. Can they relieve some pressure on skilled facilities?

<p>Service Settings and Workforce Development 22/239=9%</p>
<p>Stay focused on integration with CCOs and acute case.</p>
<p>Education to all community residential homes about various issues dealing with disabilities</p>
<p>Nursing homes tend to bear the brunt of cost criticism, etc. We can be great partners in provision of services but can't be expected to provide services at a loss. CBC can meet increased/high needs but must be reimbursed appropriately.</p>
<p>Exciting! Thank you Bob and Naomi for this opportunity to talk about this process and "elephants in the room".</p>
<p>Expand workforce development and core competencies work closely with HCC regarding enhanced workers, STEPS, CHWS & PHN.</p>
<p>I don't know if this is the right track but it seems like it is moving forward. For it to move forward thoughtful planning must occur across the agency. It must involve OLRO and the NF survey team as the acuity of care in the NFs will continue to increase. It will be important for surveyors who will be responsible for survey and certification of the NFs to have clinical/acute care background. The process requires RNs on every team but with increased acuity it will become more important to have adequate numbers of RNs. Currently hiring qualified RNs for survey is very challenging as the pay for survey is not nearly what the RNs get in the community. It is great to keep folks in their own environments but they must be made safe. Community Based Care facilities currently take NF eligible residents but have no requirements for licensed and/or certified care givers of a full time basis. THAT IS FRIGHTENING!!</p>
<p>We definitely need to take the NF option out of the equation for those who do not need nursing care 24-7. Also we need to actively RECRUIT for AFHs and trained HCWs! We should maybe be more involved with Section 8 and building senior housing to give us more options...</p>
<p>Some of the things that are in the package will be big concerns for the Adult Foster Homes. The locking doors, people coming and going all hours of the day or night, access to food whenever. It is going to be a real eye opener to see if this is approved.</p>
<p>Single room guarantee will put AFHs out of business. Do not pay natural supports. 12 hour shifts ok, but too expensive if paid at hourly rate. Food available 24/7 and visitors anytime not workable in AFH, RCF and probably ALF. Your plans are way too expensive considering the economy, the rising cost of medical care and the number of people who will need long term care in the next 25 years.</p>
<p>APD should focus on meeting the needs of their current client mix in the settings they now reside. APD should focus on adequate reimbursement for current providers and spend less money trying to move residents out of their current living situation.</p>
<p>The presentation illustrated how little the Department understands and values skilled nursing care. The assumption is that anything else is preferred by residents and is more economical to the state. That is not correct.</p>
<p>AFH with medical focus need higher reimbursement. Medical people should be assessed by DHS case workers w/medical background.</p>
<p>The state needs to regulate a social service personnel to resident ratio in long term care facilities. I would suggest 1:25/ 2:26-50; 3:51 up. Discharge planning takes a lot of time and to increase</p>

Service Settings and Workforce Development 22/239=9%
chances/probability of a safe return and stay at home. People deserve someone who can give them time and work at APD. Revise the mental health system. They are not supportive to the community or SNF care. I think there should be a task force and include SNF, APD, AFH, etc. to work on this problem/concern/plan.
Recruitment/retention of quality providers is critical. Training, compensation including benefits
Change rules/laws so CCRC's are common place and available
Options for more training
Need more CBC options
Too many layers to accomplish anything increases costs and adds confusion
Listen to the providers closely.
I work for a private adult day center & I appreciate the interest in this service. I think that this is an important aspect for older adults & people w/disabilities & that this service could improve with more attention, focus & care.

Improved outcomes for all Oregonians 15/239=6%
How about taking health care services of CCO's to where the clients live- It is hard for many to go TO another location.
Culturally responsive providers should be added to the feedback.
Good presentation. Would like outreach and support to rural communities.
Take cultural differences in considerations
Please be sure to include palliative care and behavioral health needs in future planning for LTC. The issue of shared risk is very real.
I believe we need to act sooner than later as the population of baby boomers is here. Working with the CCO's and especially behavioral health, we can better serve those with dual diagnosis in the home setting if there were appropriate direct services.
I do think a certain SPL level would be helpful to avoid NH placements. However, if we don't have the resources in place prior, the same thing will happen as with the ALFs that will only take level 4 and 5. There just aren't enough options for folks, with our limited beds available in ALFs and FH and RCFs, especially for the memory impaired.
Key is looking at the county not as a state in whole. What works over in the valley will not or may not work here.
An urgency clinic to give non-life threatening services in all small towns/health & nutrition.
In rural areas supports for those wishing to stay at home- availability, funding. Patient advocates essential.
I do think we need to emphasize DEMENTIA care as much as possible. Thanks for coming to Bend!

Improved outcomes for all Oregonians 15/239=6%
Please have special focus on alz/dementia pop. Highest, most complex needs, growing, largest groups?
We need more non-NF resources for difficult populations such as bariatric, criminal history, behaviors/MH (especially need resources for those with MH and physical combined needs), sexual predators, etc.
Add explicit links w/CCOs and health transformation activities, including behavioral health services. CCOs are working on very similar issues and are moving much faster as a result of state and federal changes.
Providing services that are culturally competent. This involves more staff trainings at all levels and evaluating if policies and practices are in place to ensure safety to all consumers. I work with Lesbian, Gay, Bisexual and Transgender seniors who are less likely to seek out services due to fear of discrimination or even service providers who are not aware of the challenges they are facing as LGBT people. This is very true when it comes to housing and long term care.

Entitlement 8/239=3%
I also feel that assisted living facilities need restructuring. If more money was put into staying in home, with some kind of system for the 24 hr piece but a cost effective measure we could save a lot of money for the APD budget. I also think that case managers need to have some boundaries training, time management and their own emotional intelligence, as they become more skilled with communications and problem solving. Therefore, being more open minded to change and not allowing managers or those in leadership feel that they have all of the answers. The entitlement is too much and I used to work ½ time with the employment initiative program, and was able to work with Heather Lynch and many, many, clients went back to work. The state made money with this program but it was closed. The common sense, logic and reasoning sometimes off base. We need to make the main thing the main thing, focus on saving and empowering people and families to take care of their own families. If it means we pay them then let's do so, when it's "much less" than a facility. Taking people from nursing homes is great but "only" if it save money, if it cost more than the nursing home it's not efficient. I personally feel like I and others in the field make suggestions and we are never acknowledged because of this we all hesitate to express what we think and what skills and strengths we have to help the State become more effective. I don't know if my being authentic right now will help anyone. I have a lot more that I could say but here are my suggestions for now.
I like it! I am excited about it! The status quo will not meet my needs when I am aged so we need to get on it!
I think it would have been helpful to establish more clearly what the current existing "entitlement" is (for those not in the know) before discussing "Oregon's new entitlement" slide (p. 5).
I thought # 6 is already in place
I believe in this concept. In regard to # 6, this is a great concept, need more community base facilities

Entitlement 8/239=3%
and affordable housing
Emphasis should be placed on keeping seniors in their own home whenever possible. Thanks!
Really exciting concepts!
Since I have been receiving home based long term care for 18 years, I appreciated the emphasis of LTC 3.0 placed upon improving Oregon's home based long term care. I also liked the emphasis that was placed on preventative care. I did feel that more emphasis needs to be placed upon the availability quality durable medical equipment, such as power wheelchairs as well as manual wheelchairs. Since I am covered by Medicare and Medicaid I am noticing increasing difficulty finding a general practitioner who will accept the payment of Medicare and Medicaid due to the low reimbursement rates.

Miscellaneous 63/239=26%
Keep up what's working. Dream programs are good but there has to be funding to support these programs, i.e. OPI is forever cut through beneficial for so many. Great to always look to in-home!
I think the proper coordination/balance between strategic and tactical thinking/planning needs to be considered early in the process. Also, we need to remind ourselves that the gap between vision and operationalizing the vision is often underestimated. Great goal- devil is always in the details.
I think some of these models are very optimistic. It will be interesting to see the outcome of LTC 3.0.
As much as I agree in reducing costs of NF care and support keeping people in their homes, disallowing a person to go to a NF if that is their personal preference also seems wrong to me. This is very presumptive of me (previously employed as an editor) but I made comments and edits on your slideshow. Note: this person gave us her comments on the slideshow handout.
I appreciate the efforts. We need sufficient staff to provide supportive and quality services.
It is heartening these highly pertinent issues are being addressed in such a comprehensive, highly competent, care based manner. Your efforts are both noted and appreciated. The significance of what you are focused on accomplishing will certainly enhance the standard of living many seniors will experience in the days to come. Impressive!
So far what are the cost of not trying to implement Kitzhaber care Simplify requirements and wordage for all people who need long term care.
I'd like to see the cost/benefit analysis addressed. This question was glossed over in the presentation. Also, use a data-mini services- access resistance.
\$ shifting and savings
Will be gathering thoughts from volunteer leaders/staff who participated & send a group response.
Simplify for general public, eliminate acronym's
I appreciate the opportunity for discussion and writing down our ideas
I love the direction the state is going. Truly person centered, innovative & meeting the changes & meeting needs & expectations of Oregonians.

Comments from Stakeholder & Community Surveys- September- November 2012

<p>Miscellaneous 63/239=26%</p>
Keep going!
Looking in to change wording for long term care!
Find a way to truly meet the mission of considering choice, dignity and independence. Find the will to finance this
Consider residency (3 month) period. Other states have them. It is sad to see how often others get transitioned to our state and when we relocate ours they have to wait for residency.
Need much more dialogue. Regulations need to follow vision.
Good conversation and ideas creating a better model of all community needs.
Approach of planning and discussion should be “systems” based and balanced approach that includes looking at
Focus on the continuum of care
Retain the current LTC system and use some of the preventative service ideas to enhance the current services, there isn't enough \$s to help Medicaid clients now. Where is the funding for this?
On right track. Happy to support our AAA!
A long term theme to reduce institutional care over in-home. Pursue this!!
Need more money to reach goals!
Very encouraging to know looking FAR into the future.
It seems some of the components of LTC 3.0 will are being addressed by the modernization group and the implementation of Oracle. I hope members of the modernization team are getting involved right from the start so work isn't duplicated by both teams.
I won't be able to answer questions till I know what the plan really is.
This is difficult terrain. Some of the suggestions appear to require higher expenditures than the current system, making funding unlikely.
My only concern with the changes that are mandated /coming is how is the state going to pay for it?
I believe that keeping clients in their homes is huge benefit to them. At the same time...you need to address the fact that it takes more time to set up and keep a case going that is in home. Especially for the cases that are more complex (the ones coming from the nursing facilities). With CMs already feeling the crunch with the high caseloads...this 3.0 will impact us negatively. Any plans to support employees? How about more CMS to do the work?
I believe Medicaid should only pay for the last costly service option (which is often times, not IHC and more often AFH). There is so much fraud inside the IHC program that I believe that should be a main focus as we move LTC into the future. HCWs should at least have to account for the hours they claim and get paid for.
I don't know what to think. Sometimes I think the big insurance companies need to stop making a profit, how, I have no clue. But it seems to me to stop the bleeding, you go the source and cut the flow.
There needs to be an examination of the cost/benefit of restructuring an entire system and the relatively short time frame that is being proposed to implement these changes. Case in point: the number of times that the rules for the IC program had to be modified or ACCESS needed updated. Central Office also need to exam what is already in place and not try to reinvent the wheel.
DHS should focus getting its administrative house in order prior to exploring expansive, system-

Comments from Stakeholder & Community Surveys- September- November 2012

Miscellaneous 63/239=26%
altering reforms.
I look forward to working on this with DHS.
Great program, thanks. I'm looking forward to seeing how this evolves.
We need required drug testing for homecare providers. Why do I have to take a drug test to cashier at a store but not be trusted with all of your worldly possessions, not to mention your health? Thanks for your time!
I would like to see a continuum of services (drawn in triangle going down) Stay home w/supports In-home care Foster care NH
Enjoy to open forum to share information and meet community agencies
Speed up the system
I felt lost a lot, a lot in this conversation. Education is everything. Thanks for comments.
My hope is that this is not "change for change's sake". The "On the Move" program was a disaster- no oversight, cherry-picking nursing homes for clients - Please plan carefully and think through a new program. Appreciate your asking for input- thank you!
I'm truly pleased the agency is moving in this direction & wish you huge success! Thank you.
Compare apples to apples across care setting- service, staff, qualifications
1 other person did not answer the survey but wrote on a survey form " Written material/response sent from Joe Greenman (OHCA general counsel) week of Oct 22 nd "
This proposed change as presented today sounds somewhat reasonable. I am concerned about people being denied care or falling through the cracks due to not fitting restricted or rigid criteria exactly. We have already seen this happen with other programs- ex. OPI.
Please consider eligibility guidelines and assessment tools in LTC 3.0.
We need more people over seeing care neglect fraud and abuse or delinquency!
Start action now
I still don't trust the system because not all people working in the system are there for the RIGHT reasons.
Need better assessment tools to provide care people actually need. Better resources.
Ban the "exclusion list" and "in home use only" phrase from Medicare. Disconnect Medicaid from Medicare rules.
Is all this about saving \$\$s for Medicaid or doing a better job or serving (providing) services to Oregonians w/chronic long term care? I find the LTC 3.0 not specific enough
My mother is a retired nurse in the state of OR. Our family lost our father from Alheimers 5-24-12.
We need to act now. There are people that need help now but don't where to get it. I don't have the answers.
If this was on a Sat/Sun I could have learned more- squeezed into my work day. VERY GLAD I read about this forum in a community calendar and thank you for it.
Publicly funded LTC support

Comments from Stakeholder & Community Surveys- September- November 2012

Miscellaneous 63/239=26%
Creativity, creativity, creativity- Please keep this central to this work & field! Thank you!

Specific to the presentations 28/239=12%
Great Job!
Thanks
Thank you for coming! Thank you for listening (hear). Thank you for not being offended!
No introductions? Would be nice to know who you are
Excellent presentation, thanks Finally proactive vs. reactive. Present on community TV
Print of handout a little fuzzy, otherwise –great job!
Thanks for coming down and reaching out to us. Think ahead and anticipating un-foreseen obstacles. Good presentation. Thank you.
Josephine County public meeting please
Speakers knowledgeable-sometimes hard to focus-one gentlemen used “um” too many times for a good speaker!
Great presentation!
Good presentation!
Thank you!
Perhaps allow more time for people to give you the feedback you say you want- perhaps a longer session? Or 2 parts. More openness to allow discourse challenging ideas, isn't that how we come to consensus? Thank you for inviting us to continue the conversation ongoing.
Very good.
Watching the pointer constantly moving on the screen was distracting.
Excellent PP, needs to be no more than 60 minutes. Sometimes less is more
Closing was excellent!
Meeting too short!
Next time be at the Senior Center, more seniors and more feedback for you
Excellent presentation.
Thank you for doing this makes me glad I live in Oregon
Great presentation
Thank you
Thank you for this open, informative conversation and the excellent job of facilitating discussion.
Thank you for coming to Eastern Oregon and holding multiple forums.
Very thorough presentation

Tailor your presentation to your audience!
Very nice work, APD (Bob, Max, Celina)... thank you! A riveting afternoon.

Comments to specific Survey Questions 31/239=13%
<p>Q1. Do you believe APD is on the right track with LTC 3.0?</p> <ul style="list-style-type: none"> -1 person chose right track and added comment: with proper leadership and funding -Answered right track, commented- with what we discussed today! -Great- love it. Change roles around choice for NF and transferring ways for disqualification- shouldn't be able to transfer to family not matter what, a must -choose right track but added comment – at least the “best case” dreams - The track is good but the time frame is too slow. We need to bring this together and get legislative support before the end of the 2013 legislative session. We have studied this issue to death. Just look in the filing cabinets.
<p>Q2. How important is it for APD to take action now?</p> <ul style="list-style-type: none"> -The ADRCs invest in community resources so that people who are not given phone numbers & resources don't end up being dead ends -Lacks specifics. Please include how home & community services can support people w/dementia who live alone - Action is always important, what kind of action is the question - Note above (see Q1)= The track is good but the time frame is too slow. We need to bring this together and get legislative support before the end of the 2013 legislative session. We have studied this issue to death. Just look in the filing cabinets. -depends on whether costs are contained overall - Of course! (answered High Priority)
<p>Q3. Do you think a preventative services package is a critical component of LTC 3.0?</p> <ul style="list-style-type: none"> - “educational”=highest priority -data driven planning and decision model -In the longer term, very high priority. - Reshaping long term care delivery is ambitious-prevention may be too. May add partners and scope
<p>Q4. Should APD prioritize removing barriers to staying at, or returning to home ?</p> <ul style="list-style-type: none"> -One person circled both low priority and high priority with a comment that one size does not fit all. -for those who want to be there! -depends on what barriers you are speaking -choose High priority (prioritize removing barriers to staying at home) and wrote in- Huge priority - the problem set in the general population is very large. I do not think we can afford enough community health workers to meet the need. The ADRC concept is a move in the right direction but running way behind the needs curve. - Focus should be creating better system of . The issue is “choice”- education, access, menu, etc.

Comments to specific Survey Questions 31/239=13%
In-home vs. all others is not important
Q5. Do you feel the needs of the non-Medicaid population are being addressed in LTC 3.0? <ul style="list-style-type: none">-No answer, comment only: They have more options- this is the majority of the population.-not real sure, a lot are going in the right direction, great-did not select a response (do you feel the needs of the non-Medicaid population are being addressed in LTC 3.0) but wrote in: We really have been given no actual details of what LTC 3.0 will be since, in theory, it is in the pre-planning stage<ul style="list-style-type: none">- the problem set in the general population is very large. I do not think we can afford enough community health workers to meet the need. The ADRC concept is a move in the right direction but running way behind the needs curve.- Focus on “pre” –Medicaid vs. all non-Medicaid-Close, we'll see what happens
Q6. Would you support reserving Medicaid Nursing Home eligibility to the highest most vulnerable need population only? (Would not change criteria to receive skilled rehabilitative services) (no additional comments added to survey)
Q7. Are there any other comments that you would like to add? (all comments in this document were generated by this question)