



Health Transformation Innovation Fund

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established performance bonuses for states to support the enrollment and retention of eligible children in Medicaid. To get the bonus, (1) a state's enrollment of children in Medicaid must exceed a baseline target and (2) the state must have implemented at least five of eight policies that are known to boost enrollment among children.

Ohio has implemented the following five policies that met the test to qualify for the CHIPRA bonus: use of the same application and renewal forms, elimination of in-person interview requirements, elimination of asset tests in certain cases, 12-month continuous eligibility and presumptive eligibility. As a result, 92,503 Ohio children were enrolled above the 2010 baseline target, 119,212 children were enrolled above the 2011 baseline target and 143,508 children were enrolled above the 2012 baseline target.

Ohio received a total \$33.9 million in CHIPRA bonus payments in 2010 and 2011. HB 153 appropriated \$29.3 million of the CHIPRA bonus for "Ohio Health Care Grants" (JFS Fund 3FAO). The Governor's Office of Health Transformation (OHT) further specified through Controlling Board that "money from the CHIPRA payment will be held in reserve to help implement modernization strategies. Examples could include: streamlining the Medicaid eligibility process, increasing the state's analytical capacity and other strategies that are identified through budget deliberations." (approved 2/28/2011)

OHT established a process to allocate Health Transformation Innovation Funds (consisting of CHIPRA and some non-CHIPRA sources) through the OHT Cabinet. The OHT Cabinet reviews every funding request that is sponsored and presented by a department director and makes funding decisions based on the extent to which each request advances Ohio's health system modernization strategies. The highest priority is given to projects that create a return on investment for taxpayers while improving overall health system performance.

Projects Receiving Health Transformation Innovation Funds:

- **Expanding and Improving Presumptive Eligibility for Pregnant Women and Children:** (\$2,750,000) Ohio Medicaid announced in June 2012 that it would expand presumptive eligibility for Medicaid to pregnant women and allow certain qualified providers—federally qualified health centers, children's hospitals and other providers—to perform a simplified check and grant immediate medical assistance to both children and pregnant women. Ohio has begun testing the enhanced presumptive eligibility program at Nationwide Children's Hospital in Columbus, MetroHealth System in Cleveland and the Community Action Committee of Pike County, with implementation statewide in 2013. ([press release](#) and [one page summary](#))

- **The First Five Years: A Whole Child Approach to Autism Spectrum Disorders:** (\$975,000) Funding will build upon existing programs that target early identification and intervention for Ohio's youngest children with autism spectrum disorders (ASD) and advance ASD research. The Autism Diagnostic Education Pilot Project will be expanded to provide training to pediatricians to help them accurately identify the early signs of autism. Early interventionist training will also be expanded to include best practice interventions that nurture the parent/child relationship. Funding will also support a research study that will explore the impact of nutrition and wellness in alleviating the characteristics and symptoms of ASD. ([one page summary](#))
- **Realizing Employment First:** (\$350,000) The Ohio Center for Autism and Low Incidence (OCALI), the Ohio Interagency Work Group on Autism (IWGA) and the Ohio Department of Developmental Disabilities will collaborate on a two-year project that will provide high-quality training and professional development for service providers, individuals and families to improve employment outcomes for young adults with ASD and other developmental disabilities who are exiting high school, with an emphasis on community integrated employment. This initiative will align current workforce placement efforts and create new training opportunities. ([one page summary](#))
- **Developmental Disabilities County Collaborative:** (\$500,000) The 18 counties in Ohio's Developmental Disabilities Region V have formed a planning collaborative to standardize processes and reduce duplicative administrative services. Transformation Funds will be used to create a person-centered system of care that is uniform across 18 counties for intake/eligibility, assessment, planning and monitoring outcomes. This project has the potential to expand to other counties and serve as a model for other counties that want to share services to improve efficiency. ([press release](#))
- **Homemaker Personal Care Payment Innovation:** (\$800,000) A one-year pilot project will test a new payment method for Ohio's Homemaker Personal Care (HPC) program. Currently, HPC providers bill in quarter-hour units through the Medicaid Individual Options waiver program. The pilot will test a new weekly billing unit, giving the provider increased responsibility for service utilization and reducing the administrative. The objectives of this pilot are to determine how much money could be saved using the new method, give the state and county boards an assurance of cost control, and allow the HPC provider to focus on the consumer's needs rather than trying to manage quarter hour units and ratios.
- **Ohio Learn to Earn:** (\$500,000) This project will pay for any workers' compensation claims incurred for participants in a new workforce program sponsored by the Ohio Department of Job and Family Services and the Bureau of Worker's Compensation that allows workers who are collecting unemployment compensation to train with a potential employer without losing unemployment benefits. Participants in this program are not eligible for workers' compensation from the employer who is training them, so this project covers the gap until the participant completes training (up to six weeks) or goes back to work.

- **Biometric Identity Verification to Receive a Dangerous Drug:** (\$500,000) Funding for this public-private partnership will be used to develop and test a system in southeast Ohio that will allow prescribers of dangerous drugs to use biometric authentication (in case of a finger print scan) to compare health records from multiple sources to confirm a patient's eligibility to receive a prescription for a dangerous drug. The prescriber will receive real-time patient information. At the end of the pilot project, a report will be submitted to the Administration and the appropriate state agencies on the effectiveness of the pilot project. ([press release](#))
- **Target Regional Needs for Additional Addiction Services Funding:** (\$2,500,000) During the mid-biennium review process, the Kasich Administration provided \$17 million in additional funding for addiction treatment services in communities across the state. CHIPRA resources were used, in part, as a funding source for these dollars.
- **Practice Guidelines for Anti-Psychotic Medication Use in Medicaid Children:** (\$2,300,000 non-CHIPRA funds) The focus of this initiative will be on prescribing practices of anti-psychotic medication to children receiving Medicaid, with special attention on providers with high volumes of children in foster care and providers with high rates of prescribing atypical antipsychotic medication. This initiative will develop practice guidelines and design strategies to increase data transparency, engage "hot-spot" providers to pilot test and refine the practice guidelines and then expand the practice guidelines and use of data and measures for high-volume Medicaid providers serving children. Objectives will include increasing awareness and engaging pediatric patients and their family caretakers, and increasing the competency of workers in child welfare, courts, schools and the mental health system. Academic experts and faculty in Ohio's seven colleges of medicine and children's hospitals will be engaged in the development of the practice guidelines and measures. ([one page summary](#))
- **Medicare-Medicaid Integrated Care Delivery System Consumer Support:** (\$4,000,000 non-CHIPRA funds) This project will provide the information consumers need to make informed decisions about choosing a Medicare-Medicaid Integrated Care Delivery System (ICDS). Ohio Medicaid will provide in-person and telephonic opportunities to educate consumers and families about the ICDS program and plan selection process and conduct active outreach to consumers who do not select an ICDS plan to facilitate completion of the plan selection process. (follow the work on Ohio's ICDS proposal [here](#))
- **Psychiatric Crisis Stabilization Project:** (\$1,800,000) Funding will be used to create a 72-hour crisis stabilization program in Cleveland to reduce emergency room visits and waiting times and to alleviate stress on inpatient hospital capacity (private and state hospitals). The goals of a 72-hour stabilization program are to: (1) increase appropriate use of the hospital emergency room through reduction of ER visits and reduced time in emergency rooms; (2) increase the appropriate use of inpatient psychiatric beds; (3) improve clinical outcomes by assuring treatment by specialized clinicians; and (4) enhance the linkage to outpatient providers at the time of crisis to improve adherence to treatment for both behavioral and physical health. ([press release](#))

- **Expand “Pathways” for Maternal and Child Health:** (\$350,000) OHT has partnered with Integrated Professionals for Appalachian Children (IPAC) and the Nationwide Children’s Hospital’s Partners for Kids (PFK) network to replicate the Community Pathways Model in southeast Ohio. The model, which was developed by the Community Health Access Project in Richland County, coordinates care for women and children within targeted medical “pathways” such as medication assessment, smoking cessation and pregnancy and postpartum care. The model pays for performance through financial incentives tied to improved health outcomes and eliminates duplication among health and human services agencies. ([press release](#))
- **Expand Access to Patient-Centered Medical Homes:** (\$1,000,000) The patient-centered medical home (PCMH) model of care promotes partnerships between patients and their primary health-care providers to improve care coordination and bolster individuals’ health outcomes. Funds will be used to assist primary health-care practices around the state transition to a PCMH model of care and expand the number of PCMH practice sites in Ohio. ([press release](#))
- **Lifesaving Research at Ohio’s Children’s Hospitals:** (\$2,000,000) Governor Kasich pledged \$2 million in state funds to Ohio’s Children’s Hospitals for collaborative research innovations. The Governor’s commitment, using Health Transformation Funds, will provide \$1 million each for childhood asthma research (to compare and understand effectiveness of strategies for the treatment of acute asthma) and neonatal abstinence syndrome research (to identify the best treatment plans for drug addicted babies). These projects will take place over two years in partnership with the Ohio Medicaid program. ([summary of research projects](#))
- **Other Technical Assistance:** (\$1,474,000) Funds have been used to deliver grants and other special projects that had to be completed on tight deadlines or required expertise not available within state government. These projects include developing a roadmap to modernize eligibility systems, preparing Ohio’s State Innovation Model grant application, evaluating Ohio’s options to implement a health insurance exchange, and implementing a late-stage fix to the Medicaid Information Technology System (MITS).