

Office of Health Transformation Prioritize Home and Community Based Services

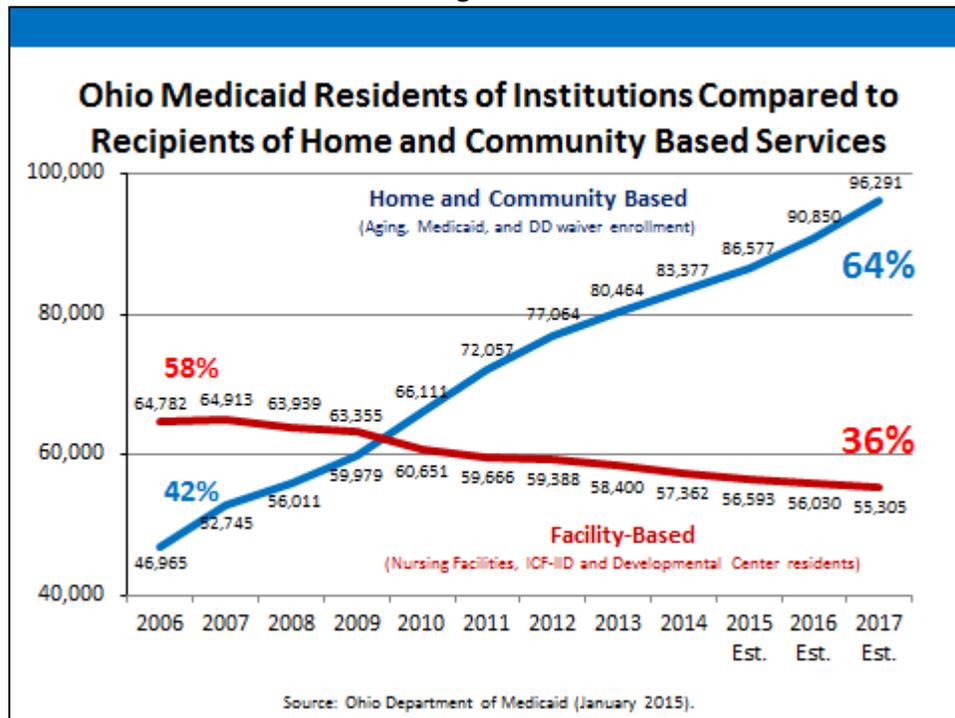
Governor Kasich's Budget:

- *Provides more home and community based alternatives to institutions.*
- *Enhances community developmental disabilities services.*
- *Rebuilds community behavioral health system capacity.*
- *Enables more Ohioans to live with dignity in the settings they prefer.*

First Four Years:

When Governor Kasich took office, Ohio was spending more of its Medicaid budget on high-cost nursing homes and other institutions than all but five states, and Ohio taxpayers were spending 47 percent more for Medicaid long term care than taxpayers in other states. Since then, the Governor's Office of Health Transformation has been working to rebalance Medicaid spending toward less expensive home and community based services (HCBS). Appendix A lists Ohio's current HCBS programs and enrollment, as well as eligibility requirements, services provided, and the agency that administers the program. The ultimate goal of these programs is for seniors and people with disabilities to live with dignity in the setting they prefer, especially their own home, instead of a higher-cost setting like a nursing home.

Figure 1.



Governor Kasich's first two budgets increased spending on Medicaid home and community based services for seniors and people with disabilities. As a result, Ohio Medicaid now spends more on home and community based services than institutions, and the number of Ohioans served in the community has grown 20 percent over the past four years (Figure 1).

Ohio has received national attention for its significant investments in home and community based alternatives to institutions. For example, in September 2013, Ohio was recognized as a national leader in transitioning individuals into home and community based care settings. The federal Money Follows the Person (MFP) demonstration program reported that Ohio's HOME Choice program ranks first among states in transitioning individuals with mental illness from long term care facilities into alternative settings, and second overall in the number of residents moved from institutions into home and community based settings.

Executive Budget Proposal and Impact:

The Executive Budget further increases Ohio's investment in HCBS alternatives to institutions, and launches new reforms that enable seniors and people with disabilities can live with dignity at home or other community setting. These reforms:

- ***Implement standardized assessments and "no wrong door" entry into long term care.*** In June 2013, Ohio was awarded \$169 million in additional federal Medicaid matching funds as a result of the state's commitment to direct at least half of all Medicaid long-term care funding to home and community based services by September 30, 2015 (on September 10, 2014, Ohio Medicaid [announced](#) it surpassed the 50-percent spending target one full year ahead of the federal deadline). In addition, Ohio is required to provide "no wrong door" access to the system, a standard assessment for determining a person's level of need, and conflict-free case management. These reforms are on track for implementation in FY 2016. A new Now Wrong Door/Single Entry Point system will include a designated set of agencies that will perform screening and support navigator functions, a 1-800 number, and an information and referral website. Also, the same person-centered screening tool will be used across all state agencies by everyone seeking long term services and supports, along with a new comprehensive assessment tool for nursing facility level of care programs. These screening and assessment activities will take place in Ohio's newly developed assessment and case management system that Links Ohioans to Independence, Services and Supports (LOTISS). This system will interface with Ohio's new Ohio Benefits eligibility system and provide a seamless experience for individuals seeking Medicaid-funded long term services and supports.
- ***Develop a statewide HCBS transition plan to comply with new federal regulations.*** In January 2014, the Centers for Medicare and Medicaid Services (CMS) released new requirements for HCBS waivers administered by states. According to the new federal requirements, all HCBS settings must be integrated in and support full access to the

greater community; be selected by the individual from among setting options; ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint; optimize autonomy and independence in making life choices; and facilitate choice regarding services and who provides them. The new federal regulation also requires all states to submit a transition plan for their HCBS programs. To accomplish this, the Office of Health Transformation and Ohio Departments of Aging, Developmental Disabilities, and Medicaid posted a [draft transition plan](#) and are seeking input on the plan through public meetings that include waiver participants and caregivers, providers, and advocacy groups and provider organizations. These agencies also are conducting surveys to determine the extent to which Ohio's existing HCBS waivers meet the setting requirements in the new federal regulations. Ohio's transition plan must be drafted and submitted to CMS by March 17, 2015. CMS will decide whether it will accept the plan as submitted or request changes. Ohio is required to be fully compliant with the federal regulations by March 17, 2019.

- **Enhance community developmental disabilities services.** The Executive Budget creates more choices for Ohioans with developmental disabilities to live and work in the community. It increases access to HCBS waivers and downsizes institutions to reflect the increased demand for community services, and supports community employment for anyone who wants to work. These initiatives represent one of the most significant new investments in the state's entire budget, totaling \$316 million over two years (see *Enhance Community Developmental Disabilities Services*).
- **Rebuild community behavioral health system capacity.** The Executive Budget continues the state's commitment to rebuild community behavioral health system capacity. It adds services to the Medicaid behavioral health services benefit package, improves care coordination through managed care, and strengthens housing and other community supports for people most in need (see *Rebuild Community Behavioral Health System Capacity*).
- **Increase access to affordable housing.** The Executive Budget sustains recent increases in state funding to support affordable housing, enables more Ohioans to avoid entering an institution unnecessarily, establishes an Ohio Housing Trust Fund reserve, and aligns federal, state and local housing resources for the most at-risk populations (see *Increase Access to Housing*).

Updated February 2, 2015

Appendix A. Ohio Medicaid Home and Community Based Services (HCBS) Waiver Programs

Waiver	MyCare Ohio	Ohio Home Care	Transitions II	PASSPORT	Assisted Living	Transitions DD	Individual Options	Level One	S.E.L.F.
Enrollment (10/14)	24,105	5,705	1,374	18,069	2,598	2,903	17,803	13,765	332
Average Cost	Within managed care	\$23,360	\$24,106	\$10,936	\$12,564	\$23,944	\$58,181	\$11,124	
Eligibility	Eligible for Medicare Parts A,B,&D, and full benefits under Medicaid; age 18+; Reside in a demonstration county; must be enrolled in the MyCare demonstration; Intermediate or Skilled LOC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly; not reside in NF or CF-IID.	Specific Financial Criteria, Nursing Facility Level of Care, Age 59 or younger	Specific Financial Criteria, Nursing Facility Level of Care, the individual must be age 60 or older and must transfer in from the Ohio Home Care Waiver.	Specific Financial Criteria, Nursing Facility Level of Care, Ages 60 +	Specific Financial Criteria, Nursing Facility Level of Care, age 21 or older	Specific Financial Criteria, ICF/IID Level of Care, All Ages; Available only to individuals enrolled on the Ohio Home Care Waiver whose intermediate or skilled level of care is reevaluated to be an ICF/IID level of care.	Specific Financial Criteria; ICF/IID Level of Care; All Ages	Specific Financial Criteria; ICF/IID Level of Care; All Ages	Specific Financial Criteria, ICF/IID Level of Care, All Ages; reserve capacity of 100 SELF waiver allocations for children w/ intensive behavioral needs is state funded.
Services	<ul style="list-style-type: none"> • Adult day health • Alternative meals • Assisted living service • Choices home care attendant • Chore • Emergency response • Enhanced community living • Home care attendant • Home delivered meals • Home medical equipment and supplemental adaptive and assistive devices • Home modification, maintenance and repair • Homemaker • Independent living assistance • Nutritional consultation • Out-of-home respite • Personal care aide • Pest control • Social work counseling • Waiver nursing • Waiver transportation 	<ul style="list-style-type: none"> • Adult day health • Emergency response • Home care attendant • Home delivered meals • Home modification • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adult day health • Emergency response • Home care attendant • Home delivered meals • Home modification • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adult day health • Alternative meal service • Choices home care attendant • Chores • Community transition • Enhanced community living • Environmental accessibility adaptation • Home care attendant • Home delivered meals • Homemaker/personal care • Independent living assistance • Non-medical transportation • Nutritional consultation • Out-of-home respite • Personal emergency response systems • Pest control • Social work and counseling • Specialized medical equipment and supplies • Transportation • Waiver nursing 	<ul style="list-style-type: none"> • Assisted living services • Community transition (for nursing home residents only) 	<ul style="list-style-type: none"> • Adult day health • Emergency response services • Home modification • Home-delivered meals • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adaptive and assistive equipment • Adult day support • Adult family living • Adult foster care • Community respite • Environmental accessibility adaptations • Homemaker/personal care • Home-delivered meals • Interpreter • Non-medical transportation • Nutrition • Remote monitoring equipment • Residential respite • Social work • Supported employment (community and enclave) • Transportation • Vocational habilitation 	<ul style="list-style-type: none"> • Environmental accessibility adaptations • Habilitation (adult day support and vocational) • Homemaker/personal care • Non-medical transportation • Personal emergency response system (PERS) • Respite (institutional and informal) • Specialized medical equipment and supplies • Supported employment (adaptive equipment, community and enclave) • Transportation 	<ul style="list-style-type: none"> • Clinical/therapeutic intervention • Community inclusion • Functional behavioral assessment • Habilitation (adult day support and vocational) • Integrated employment • Non-medical transportation and services • Participant/family stability assistance • Remote monitoring and equipment • Respite (residential and community) • Support brokerage • Supported employment (enclave)
Administration	The Ohio Department of Medicaid (ODM) Administers this waiver. ODM contracts with MyCare Managed Care Plans	ODM contracts with a Case Management Agencies to provide administrative case management services.	ODM contracts with a Case Management Agency to provide administrative case management services.	ODM partners with the Ohio Department of Aging to administer the day to day operations. Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	ODM partners with the Ohio Department of Aging to administer the day to day operations. Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	ODM partners with the Ohio Department of Developmental Disabilities (DODD) to administer the day to day operations. Local County boards of DD provide case management services.	ODM partners with the Ohio Department of Developmental Disabilities (DODD) to administer the day to day operations.	ODM partners with the Ohio Department of Developmental Disabilities (DODD) to administer the day to day operations. Local County boards of DD provide case management services.	ODM partners with the Ohio Department of Developmental Disabilities (DODD) to administer the day to day operations.