

Ohio Health and Human Services 2013 Accomplishments

Governor Kasich created the Office of Health Transformation (OHT) to lead the Administration's efforts to modernize Medicaid, streamline health and human services programs, and improve overall health system performance. Using an innovative approach that involves collaboration among multiple state agency partners, the Administration has taken significant steps to improve services to vulnerable Ohioans, reduce costs, increase efficiency, and support the Governor's efforts to create jobs and reduce unemployment. Below is a snapshot of these accomplishments in 2013.

MODERNIZE MEDICAID

Ohio's Medicaid reforms in the past two years have been recognized nationally for helping to reduce costs, improve health outcomes, and improve care coordination. In the three years prior to Governor Kasich taking office, Ohio Medicaid increased 8.9 percent per year on average. OHT and its agency partners introduced an aggressive package of reforms in [2011](#) and [2012](#) that held Medicaid spending to 3.3 percent per year on average and saved Ohio taxpayer \$3.0 billion over two years ([more info](#)). Prior to these reforms, Ohio was unprepared to efficiently extend Medicaid coverage. However, by 2013, Governor Kasich's reforms made it possible to bring more Ohioans into the program while also continuing aggressive program improvements.

- ✓ **Extend Coverage to More Individuals.** The federal Affordable Care Act required every state to extend Medicaid coverage to all citizens below 138 percent of poverty, but the United States Supreme Court made it optional for states to comply. Governor Kasich proposed extending Medicaid coverage in the Jobs Budget 2.0 but, when that did not occur, sought and secured legislative approval to extend coverage through the Ohio General Assembly's Controlling Board. The authority to extend coverage was upheld by the Ohio Supreme Court. As a result, beginning in January 2014, an additional 275,000 low-income Ohioans are now eligible for health coverage, including 26,000 veterans, workers who are not offered insurance or cannot afford it, and Ohioans with mental illness or addiction who need treatment to re-enter the workforce ([more info](#)).
- ✓ **Overhaul Managed Care.** In July 2013, Ohio Medicaid consolidated managed care plan regions and populations to be more efficient, linked health plan payments to performance, integrated care delivery for Medicare-Medicaid enrollees, and enrolled children with disabilities in managed care. As a result, Medicaid managed care enrollment through private-sector health plans is expected to increase 37 percent to 2.3

million by June 2015 and the related economies of scale are expected to save Ohio taxpayers \$646 million over the next two years ([more info](#)).

- ✓ **Fight Fraud and Abuse.** The Jobs Budget 2.0 authorized Ohio to expand its efforts to improve program integrity through a series of reforms that will save taxpayers \$74 million over two years. An increase in on-site monitoring will improve the state's ability to identify overpayments and recoup funds, and a new claims review process for nursing homes will be implemented to more efficiently address overpayment issues and allow the state to terminate any homes with histories of poor quality ([more info](#)).
- ✓ **Coordinate Workforce Programs.** The Jobs Budget 2.0 authorized Ohio Medicaid to target Medicaid direct medical education to health sector workforce priorities, including enhanced primary care and recruitment of minorities into health professions. Medicaid will coordinate with the Governor's Office of Workforce Transformation to identify health-sector workforce needs, align existing workforce programs, and create a unified system to assist health sector businesses meet their workforce needs ([more info](#)).

PRIORITIZE HOME AND COMMUNITY BASED SERVICES

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. Over the past three years, OHT has worked to "rebalance" Medicaid long-term care spending toward less expensive home and community based services (HCBS). Governor Kasich's first Jobs Budget increased spending on HCBS for seniors and people with disabilities \$532 million over two years and the Jobs Budget 2.0 continued this trend in 2013. The ultimate goal is for more seniors and people with disabilities to live with dignity at home, instead of a higher-cost nursing home.

- ✓ **Provide More Community Options.** Ohio joined the federal Balancing Incentive Payment (BIP) Program, which requires a commitment to spend at least 50 percent of the state's Medicaid long-term care budget on home and community based services by 2015 (compared to 39 percent in 2013). This initiative will create "no wrong door" for accessing services and provide more individuals with new opportunities for HCBS care. In exchange for the commitment to make these reforms, Ohio will receive federal funds that free up \$169 million in state funds over two years ([more info](#)).
- ✓ **Increase Community Options for Ohioans with Mental Illness.** The Jobs Budget 2.0 includes several initiatives, called *Recovery Requires a Community*, to assist nursing home residents under age 60 who have mental illness and want to move back into the community. Over the next two years, the Ohio Departments of Medicaid and Mental Health and Addiction Services will assist 1,200 nursing home residents move into more appropriate and cost-effective settings, saving taxpayers \$44 million over two years, and providing a more appropriate setting for recovery to occur ([more info](#)).

- ✓ **Lead the Nation in Transitioning Individuals into Community Settings.** A recent study of states participating in the federal Money Follows the Person program reports Ohio is a national leader in transitioning residents who want to move out of institutions and into home and community based settings. 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 ([more info](#)).
- ✓ **Require Background Checks for Home-Health Workers.** Ohio received a \$2.1 million federal grant to improve criminal background checks for direct-care workers in HCBS settings. Ohio will use the funds to extend the use of the Ohio Attorney General's Retained Applicant Fingerprint Database Information and Exchange (RAPBACK) system to individuals who are working as direct-care providers. The electronic system will make post-hiring background checks less burdensome, saving time and money for taxpayers and home health provider agencies ([more info](#)).
- ✓ **Define Direct Care Worker Core Competencies.** The Jobs Budget 2.0 created a Direct Care Worker Advisory Workgroup to define the core competencies that need to be met as a condition for receiving Medicaid payment by anyone who provides care to residents in their home. OHT convened a workgroup composed of consumer advocates, stakeholder associations, state officials and legislative members who defined the core competencies, identified which direct care workers should meet those competencies, and reported the recommendations to the Ohio General Assembly ([more info](#)).
- ✓ **Prevent Falls Among Older Ohioans.** Falls are the number one cause of injuries leading to emergency department visits, hospital stays and deaths in Ohioans over age 65. In September 2013, the Ohio Department of Aging launched a comprehensive falls prevention initiative called *STEADY U* to coordinate existing falls prevention efforts, promote falls risk assessments, and coordinate a statewide educational campaign to bring falls prevention to the attention of elders and their families, health care providers, nursing homes, and businesses ([more info](#)).

STREAMLINE HEALTH AND HUMAN SERVICES

For decades, Ohio health and human services (HHS) policy, spending and administration has been split across multiple state and local government jurisdictions. This structure is complex and inefficient, and consistently produces programs that function isolated within one system rather than working across systems to coordinate all of the services a person might need. OHT convened an HHS Cabinet to optimize public resources across HHS jurisdictions, restructure HHS operations, and right-size state and local service capacity to be more efficient. As a result, there was significant progress in 2013 to share services in a way that improves customer service, increases program efficiencies, and reduces costs for Ohio taxpayers.

- ✓ **Simplify and Integrate Eligibility.** OHT initiated an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility systems technology. The new system, called *Ohio Benefits*, successfully launched in October 2013 and, over the next two years, will completely replace Ohio's 32-year-old Client Registry Information System-Enhanced (CRIS-E). The benefit for consumers is that they can learn of their eligibility for Medicaid and any other income-tested program based on income tax information without needing to undergo any additional eligibility tests ([more info](#)).
- ✓ **Create a Cabinet-level Medicaid Agency.** The Jobs Budget 2.0 created Ohio's first ever Executive-level Medicaid agency. This decision was consistent with previous Medicaid reviews, all of which concluded that a stand-alone department was critical to making Ohio's Medicaid program more efficient, effective, and responsive to the needs of beneficiaries, stakeholders, and Ohio taxpayers. The original plan was to create the Ohio Department of Medicaid in July 2014 but the separation from Job and Family Services went so smoothly the effective date was moved up to July 2013 ([more info](#)).
- ✓ **Consolidate Mental Health and Addiction Services.** Effective July 2013, the Jobs Budget 2.0 consolidated the Departments of Mental Health and Alcohol and Drug Addiction Services into a new Ohio Department of Mental Health and Addiction Services (MHAS). This decision aligns with the local system of care, where 47 of 53 county boards now administer both mental health and addiction services. The single consolidated agency incorporates what is unique in both systems but provides better services through integration for the providers who are certified in both and for the significant number of Ohioans who rely on both systems to recover ([more info](#)).
- ✓ **Coordinate Services to Reduce Recidivism.** Often when people leave prison they do not receive the mental health and addiction treatment services they need to live responsibly in the community. Without those services, they sometimes become repeat offenders. In 2013, MHAS awarded \$1.5 million to local communities that link people who are leaving prison to mental health and addiction services, breaking the cycle of recidivism.
- ✓ **Restrict Opiate Prescribing.** The Ohio Departments of Health, Aging and Mental Health and Addiction Services worked with clinical experts to establish guidelines for opioid-prescribing health care providers. The initiative was made possible in collaboration with more than 30 stakeholders and support from the Ohio State Medical Association and the Ohio Pain Initiative. To educate prescribers about the new guidelines, participating agencies produced a one-hour continuing medical education training video, which has been completed by 150+ health care professionals.
- ✓ **Identify and Prevent Human Trafficking.** Ohio has ranked as high as fifth among states in total reported human trafficking cases. Following recommendations of the Governor's Task Force on Human Trafficking, the Ohio Department of Health developed training

materials and so far trained 190 health surveyors and 100+ school nurses to make sure they are prepared to respond when they encounter victims of human trafficking.

- ✓ **Provide Employment First for Ohioans with Disabilities.** The Department of Developmental Disabilities (DODD) organized multiple state, local and community partners to remove barriers to community employment and increase opportunities for individuals with developmental disabilities. To date, six communities across the state have been chosen to promote Employment First and share best practices with others. DODD also announced a statewide initiative to strengthen the relationship between the developmental disability and vocational rehabilitation systems in Ohio.

FOCUS ON CHILDREN

Approximately 1.3 million of Ohio's 2.8 million children are in health and early childhood development programs. Multiple state agencies work together to ensure that children are born healthy, are ready for school, succeed in school, and become productive adults. The level of effort is considerable and, in 2013, the HHS Cabinet brought specific focus to better coordinate across multiple programs to improve child health and educational outcomes.

- ✓ **Reduce Infant Mortality and Low Birth Weight Babies.** In March 2011, Governor Kasich made reducing low birth weight babies a priority in his State of the State address. In response, OHT worked with the Ohio Departments of Medicaid and Health to launch new programs in 2012 to improve care coordination for at risk mothers and children, and continued that work in 2013 focused on the three areas that account for 95 percent of infant deaths: premature birth, birth defects, and sleep-related death ([more info](#)).
- ✓ **Treat Babies Born to Mothers Addicted to Opiates or Heroin.** OHT provided \$4.2 million to launch a cross-agency Maternal Opiate Medical Support (MOMS) program to improve health outcomes and reduce costs through better treatments for Neonatal Abstinence Syndrome. The MOMS project builds on the results of an earlier \$1 million research grant to children's hospitals and supports interventions and prenatal treatments that improve outcomes for women and babies while reducing the cost of specialized care in Neo-Natal Intensive Care Units ([more info](#)).
- ✓ **Fight Childhood Obesity.** OHT provided a \$1 million grant for the Ohio Department of Health to coordinate messages about physical activity and nutrition in communities with the highest rates of childhood obesity. Funded counties will work with early childhood education centers, public and private health care systems and providers, and other community partners (like YMCAs) to coordinate parent-centered education around physical activity and nutrition ([more info](#)).
- ✓ **Provide Crisis Stabilization Funding.** OHT provided a \$5 million grant to the Ohio Department of Mental Health and Addiction services to coordinate support for families with children in crisis. Too often individuals confronted with these crises present a risk

to themselves, their families, or others due to their inability to access treatment for mental illness. The first round of projects was announced in July 2013 along with training resources to assist professionals in crisis intervention ([more info](#)).

- ✓ **Include Autism Services as an Essential Health Benefit.** In 2013, the Ohio Department of Insurance implemented Governor Kasich's December 2012 directive to include autism services in the definition of "essential health benefits" for commercial insurance, and the Ohio Department of Administrative Services amended state employee health plan benefits to cover autism services. These changes provide needed services for kids and financial relief for families, while minimizing the impact on premium costs ([more info](#)).
- ✓ **Step Up To Quality in Child Care.** In October 2013, the Ohio Department of Job and Family Services (ODJFS) expanded its *Step Up To Quality* rating program for child care providers. Along with the Ohio Department of Education, ODJFS now uses a five-star rating system to assess early childhood programs above the minimum-required health and safety standards. The rating program will continue to expand over the next several years and by 2020 all child care providers participating in the publicly funded child care program will be rated. The ratings are easily accessible online and may assist parents in choosing what provider is best suited for their child ([more info](#)).
- ✓ **Connect the Dots for Foster Children.** In April 2013, ODJFS launched an eight-county pilot program that brings together foster care caseworkers, OhioMeansJobs staff, Big Brothers Big Sisters mentors, and Ohio employers to help teens in foster care prepare for work, vocational training or college, and independent living.
- ✓ **Engage Older Ohioans as Reading Mentors.** In February 2013, the Ohio Departments of Aging and Education connected Project MORE (Mentoring in Ohio for Reading Excellence) with the Retired Senior Volunteer Program to engage Ohioans 55-plus as reading tutors and mentors to improve childhood literacy, support Ohio's third grade reading guarantee, and enlist elders in supporting their community. To date, older Ohioans comprise one-fifth of the 3,800+ Project MORE mentors ([more info](#)).

PAY FOR VALUE

Ohioans spend more per person for health care than residents in all but 17 states, but Ohio ranks 37 among states in health outcomes. Over the past three years, OHT and its state agency partners have been working with private sector health plans and providers to design and implement new health care delivery payment systems that reward better care not just more care. These activities became more focused in 2013 and set a clear path for Ohio to improve overall health system performance.

- ✓ **Convene the Governor's Advisory Council on Health Care Payment Innovation.** In January 2013, Governor Kasich convened an Advisory Council on Health Care Payment Innovation comprised of health care purchasers, providers, plans and consumer

advocates to prioritize and coordinate multi-payer health care payment innovation activities statewide. The Advisory Council identified and assigned experts to interact with OHT to develop strategies that leverage payment reform across public and commercial health plans to improve overall health system performance ([more info](#)).

- ✓ **Reward Better Value Not More Volume in Health Services.** In February 2013, OHT received a \$3 million federal State Innovation Model (SIM) grant to design payment models that increase access to patient-centered medical homes ([PCMH detail](#)) and support episode-based payments for most acute medical events ([episode detail](#)). The purpose of both payment reform models is to align financial incentives to achieve better health, better care, and cost savings through improvement ([more info](#)).

- ✓ **Establish a Clear Path for Health Care Payment Innovation.** In November 2013, as part of the SIM process, OHT submitted a comprehensive State Health Care Innovation Plan. The plan provides a roadmap for health system transformation, including a description the state's goals for reform, the current health care environment in Ohio, specific recommendations for payment reform, and the importance of coordinating health information technology and workforce priorities to support reform ([more info](#)).