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Ohio | Executive Medicaid Management Administration

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BALANCING AND BEYOND: A VISION FOR COMMUNITY SERVICES AND SUPPORTS FOR INDIVIDUALS WITH DISABILITIES

Compiled by the Executive Medicaid Management Administration (EMMA) with content provided by The Ohio Department of Job and Family Services, The Ohio Department of Aging, The Ohio Department of Developmental Disabilities, The Ohio Department of Mental Health, The Ohio Department of Alcohol and Drug Addiction Services, The Ohio Department of Health, The Ohio Rehabilitation Services Commission, The Ohio Department of Education, The Ohio Department of Insurance, The Ohio Department of Development and The Ohio Housing Financing Agency.

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EXECUTIVE SUMMARY

On June 22, 2009, President Barack Obama celebrated the 10th anniversary of the Supreme Court decision in the case of *Olmstead* v. L.C, and launched "The Year of Community Living," a new effort to assist Americans with disabilities. In the *Olmstead v*. L.C. decision, the Court stated that unnecessary segregation of persons with disabilities is discrimination under the Americans with Disabilities Act (ADA), and that a state must provide community-based treatment to qualified individuals under certain circumstances. Each state must show its compliance with this decision by either, developing a plan or developing strategies to afford individuals with disabilities options to live within the community.

In response to the 10th anniversary of *Olmstead,* the cabinet agencies that comprise the Executive Medicaid Management Administration (EMMA), as well as the administrator of the Rehabilitation Services Commission (RSC), met to discuss Ohio's Olmstead Plan, last updated in 2006 and known as the Ohio Access Report. There was agreement that while a number of Olmstead-related activities had been pursued in the three years since the last update, these were not described and compiled in one document; such as:

- Allowing individuals to continue working without losing their eligibility to receive Medicaid benefits (Medicaid Buy-In Program)
- Enabling Ohioans to move from an institutional setting to a community-based setting and invest in long-term services and supports system change (Money Follows the Person/ Ohio's HOME Choice Program)
- Developing a plan for a unified long-term care budget to help Ohio balance spending in such a way as to expand the choices available for long-term care, eliminate barriers for people moving from institutions to home and community-based settings, and assure a wide variety of options in appropriate care for different levels of care. (Unified Long-Term Care Budget)

The purpose of this document, *Balancing and Beyond: A Vision for Community Services and Supports for Individuals with Disabilities*, is to describe existing and future initiatives, that Ohio plans to or has implemented that will enable individuals who are elderly and/or disabled to choose their living arrangements and services that support independent living.

Who Relies on Long-Term Services and Supports?

Individuals relying on long-term services and supports include people with physical or developmental disabilities regardless of age, those who have a debilitating chronic condition or mental illness, and the frail elderly. We all have a personal connection to the people behind these statistics. Many live with a disability or care for someone who does; for example, a child with autism, a sibling with developmental disabilities, a spouse with muscular dystrophy, or a grandparent with Alzheimer's disease. We often encounter disability

without knowing it such as a co-worker recovering from mental illness or a neighbor struggling with an addiction.

Many discussions have occurred in Ohio in the last few years regarding the need to "balance" the state's publicly funded long-term care services and supports system. Ohioans would like to see more community-based options that enable elders and people with disabilities the opportunity to live in a less restrictive setting of their choice.

Individuals who are likely to receive publicly funded long-term services and supports usually receive their services through Medicaid. Medicaid categorizes individuals who may need long-term services and supports as Aged, Blind and Disabled (ABD). Since 2004 the number of individuals enrolled under this Medicaid category has steadily increased and is at approximately 485,000, as of March 2010.

History

Ohio has been committed to providing less restrictive settings of care for over twenty years. Since the 1980's Ohio has developed eight waiver programs for individuals with disabilities and the elderly. Even though caseload for the ABD Medicaid category continues to increase, Ohio continues to see a steady decline in nursing facility utilization and an increase in Medicaid waiver enrollment. Moreover, the Department of Developmental Disabilities has downsized state-run developmental centers and dramatically increased enrollment onto their Medicaid waivers, (Individual Options and Level One).

Ohio's Medicaid waiver programs are: PASSPORT, Choices, Assisted Living, Ohio Home Care, Transitions DODD, Transitions Carve-Out, Individual Options, and Level One. These programs combined have increased enrollment by approximately 14,000 individuals from November 2006 (the last time this report was updated) to March 2010.

In addition to providing Medicaid waiver programs as options for community living, Ohio paved the way with the nationally recognized Mental Health Act of 1988 "Act". One of the Act's goals was to place clients in the least restrictive environment consistent with their treatment needs. The goal was realized with the closing of over ten state hospitals during the 1990's and ultimately "shifting" the savings of state hospital operations to the community.

Principles

In 2000, the state health and human service agencies and the Office of Budget and Management acknowledged Olmstead by releasing the Ohio Access Report, which became known as, Ohio's Olmstead Plan by stakeholders. To address the *Olmstead* v. L.C. decision the following principles were adopted in 2000 as a part of Ohio's initial *Olmstead* Plan:

- Increase Community Capacity
- Prioritize Resources
- Assure Quality and Accountability

Accomplishments

Over the past two state budget cycles; these and other initiatives were funded to affirm the aforementioned principles:

- Lifted the restriction of 1,800 participants to increase the size of the Assisted Living Waiver to serve up to 3,000 participants in SFY 2010 and 4,000 in SFY 2011;
- Ohio increased the amount of the budget dedicated to waivers for consumers with developmental disabilities;
- Continued the implementation of the pricing model for Nursing Facility Reimbursement; and
- Provided sufficient resources to build the capacity of providers of home and community-based care.

Ohio's Vision:

The Administration aspires to have a system where Ohioans who need long-term services and support…
Get the services and supports they need in a timely and cost-effective manner
In settings they want from whom they want,
And if needs change, services and supports change accordingly.

Ohio's Plan:

In response to the advocacy of people with disabilities of all ages and their families, many states are balancing their long-term services and supports systems to assure choice, reduce institutionalization and increase opportunities for people to live in the community.

Ohio's plan recognizes that true choice and system balance is realized when changes are made to multiple points of the delivery system structure including, but not limited to: the entry point, assessment of need, budget, service and support access, provider access, care management, quality, continuity, and program integrity. In an effort to provide expanded choice, efficiency, and quality of care, to align with the Olmstead purpose, and in response to the advocacy of people with disabilities of all ages and their families, Ohio must balance its long-term services and supports systems to assure choice, reduce institutionalization and increase opportunities for people to live in the community. To achieve the Vision stated above, Ohio plans to do the following:

1. Create a Management Tool to monitor the changes as we balance Ohio's long-term services and supports system. As this tool matures it will assist in developing a sustainable funding system for Ohio's Unified Long Term Care system.
2. Create the State Profile Tool. This tool will be able to provide policymakers and stakeholders with a high-level view of the long-term services and supports system, identify opportunities for improved coordination among programs and other health and social services, acknowledge successes, and

identify service gaps. This tool will also help agencies to access granular data on the demand and supply of long-term services and supports in Ohio's local markets.

The Management Tool and the State Profile tool will supply agencies with the necessary data to establish realistic and attainable goals along with input from stakeholders.

Ohio also plans to do the following:

- Continue developing a Unified Long-Term Care System;
- Create the HOME Choice Advisory Council;
- Develop the Flexible Supports Waiver;
- Implement and support Adult Housing Policy in the Ohio Department of Mental Health;
- Increase Access to Permanent and Supportive Housing; and
- Explore Streamlining Processes through Which Consumers Learn about LTSS.

What steps has Ohio taken to achieve a balanced long-term care system?

One of the policy changes Ohio implemented to begin to change the system, as Ohio's population began to grow older and demand different settings of care, was to change the nursing facility reimbursement. This along with other policy strategies assisted state officials begin to obtain an accurate assessment of nursing home utilization and monitor the quality of care being delivered in nursing facilities across the state.

Another momentous policy change was the implementation of Ohio's Money Follows the Person Transition Program, also known as HOME Choice. The grant has two core goals: 1.) *Transition* Medicaid recipients from facility based (also known as institutional) to community-based settings; and 2.) Create a foundation for long-term services and supports *system change* to better meet the choices and needs of persons who are elderly and/or have disabilities.

Ohio understands that changing our system to better meet the choices and needs of persons who are elderly and/or have disabilities is more than changing funding formulas and providing opportunities for individuals to live in the community. Therefore, Ohio has also implemented several new housing and employment initiatives in addition to a personal development initiative. Ohio is committed to assuring those individuals with disabilities who want to support themselves and live independently can do so; it is for this reason these and other initiatives have been implemented:

- Ohio's Medicaid Buy-In for Workers with Disabilities (MBIWD) Program;
- Added more self-directed services within Medicaid Waivers;
- The Unified Long-Term Care Systems Workgroup;
- Restructured Ohio's Developmental Center and Home and Community-Based Setting Capacity;
- Launched the Positive Culture Initiate;
- Created the Medicaid in School Program; and
- The Ohio Secondary Transition Improvement Grant (OSTIG).

Additional Programs and Services for individuals with disabilities across the lifespan

Disability can occur at any age. Data indicates that elderly individuals are more likely to present one or more signs of disability. However, in the Cornell University 2007 Disability Status Report for Ohio, it states that a prevalence of disability can and does occur before birth. It is for this reason that Ohio has taken a holistic approach by offering programs to all individuals who have a disability. From the Fetal Alcohol Spectrum Disorder Initiative that strives to raise awareness about fetal alcohol syndrome disorder being 100% preventative to programs such as Help Me Grow and early intervention, which focus on identifying children with or at risk of developmental delays or disabilities, Ohio has strived to provide evidence-based early intervention practices so that all children may have the opportunity to grow-up to lead productive lives in society.

Ohio also recognizes most elderly and/or disabled individuals desire to lead independent and productive lives in their communities. To affirm this recognition Ohio provides several community-based programs for the mentally ill, developmentally disabled and elderly population. Many of these programs offer assistance with daily living activities, but many of them focus on how to maintain a life in the community, such as housing, employment and anti-stigma programs.

How does Federal Care Reform Impact Long-Term Care Services in Ohio?

Ohio's long-term care strategies are obligated to operate in the context of federal policy. For example, Ohio, like most states, has struggled to balance its efforts to improve community long-term care options with the institutional bias in federal Medicaid policy. The federal Centers for Medicare and Medicaid Services (CMS) has to approve the Medicaid waivers that fund a significant portion of home and community-based long-term care programs in Ohio. Moreover, one requirement imposed in states is that these programs must be budget neutral compared to institutional care. Thus, changes at the federal level will greatly impact state strategies.

Challenges

The Operating Budget for State Fiscal Year's 2010-2011 was developed during one of the most devastating economic downturns in recent history. Strategic funding mechanisms were introduced to balance the budget, as Ohio is required to operate on a balanced budget pursuant to the Ohio Constitution. A substantial increase in federal Medicaid assistance (FMAP) enacted through the American Recovery and Reinvestment Act (ARRA) enabled the Medicaid agencies to avoid cuts in benefits or enrollment for this biennium and helped to sustain community supports. One of Ohio's greatest challenges involves sustaining community supports for the most vulnerable individuals in our state. Many community supports are not federally mandated and therefore are likely to be reduced to sustain those programs that are federally mandated, in times when resources are scarce. State agencies acknowledge this fact and have begun to develop a plan to prioritize programs and services in their respective systems.

I. INTRODUCTION

In 2009 the cabinet agencies that comprise the Executive Medicaid Management Administration (EMMA), as well as the administrator of the Rehabilitation Services Commission, met to discuss Ohio's Olmstead Plan, last updated in 2006 and known as the Ohio Access Report. There was agreement that while a number of Olmstead-related activities had been pursued in the three years since the last update, these were not described and compiled in one document. There was further consensus that a revised plan should reflect a vision for services and supports for individuals with disabilities, in addition to Ohio's commitment to individuals who are elderly and/or have a disability; while at the same time acknowledging the challenges and difficult decisions this Administration has faced given the state of the economy.

In *Olmstead v. L.C.*, a 1999 U.S. Supreme Court decision, the Court stated that unnecessary segregation of persons with disabilities is discrimination under the Americans with Disabilities Act (ADA) and that a state must provide community-based treatment to qualified individuals when:

- The state's treatment professionals determine it is the most appropriate setting;
- The person (or authorized representative) does not oppose home and community-based treatment; and
- Placement can reasonably be accommodated taking into account the resources available to the state, including consideration of the needs of others.

There are two ways a state can show that it is complying with the ADA:

- A comprehensive, effective working plan for placing qualified persons with disabilities in less restrictive settings, as well as, demonstrating that waiting lists (if any) move at a reasonable pace;
- Alternative strategies for placing qualified persons with disabilities in less restrictive settings.

Ohio has adhered to this decision by informing the general public of its strategies for placing qualified persons with disabilities in less restrictive settings and by creating alternative strategies for placing qualified persons with disabilities in less restrictive settings. This document, *Balancing and Beyond: A Vision for Community Services and Supports for Individuals with Disabilities*, will describe existing and future initiatives to offer people with disabilities greater choice in terms of living arrangements and services that support independent living.

The EMMA directors and RSC Administrator charged EMMA staff with creating a plan that not only addresses the state's approach to *Olmstead*, but that also articulates a more comprehensive plan for serving people with disabilities. Specifically, EMMA was charged with compiling existing and future initiatives, services, strategies and challenges geared toward people with disabilities from relevant cabinet agencies and RSC.

II. WHO RELIES ON LONG-TERM SERVICES AND SUPPORTS?

Individuals relying on long-term services and supports include people with physical or developmental disabilities regardless of age, those who have a debilitating chronic condition or mental illness, and the frail elderly. We all have a personal connection to the people behind these statistics. Many live with a disability or care for someone who does; for example, a child with autism, a sibling with developmental disabilities, a spouse with muscular dystrophy, or a grandparent with Alzheimer's disease. We often encounter disability without knowing it such as a co-worker recovering from mental illness or a neighbor struggling with an addiction.

The number of people needing long-term services and supports is increasing on an annual basis. Cornell University's 2008 Disability Status Report shows that a significant percentage (13.1%) of Ohioans across all age ranges have disabilities and need long-term care now or in the near future. Prevalence of disability increases with age but children and people with life-long disabilities also have immediate long-term care needs. Ohio disability prevalence data show:

- 6.3 % of persons ages 5 to 15 reported having one or more disability;
- 6.2 % of persons ages 16 to 20 reported having one or more disability;
- 11.6 % of persons ages 21 to 64 reported having one or more disability;
- 25.7 % of persons ages 65 to 74 reported having one or more disability; and
- 50.2 % of persons age 75 and over reported having one or more disability.

Many discussions have occurred in Ohio in the last few years regarding the need to "balance" the state's publicly funded long-term care services and supports system. One of the challenges Ohio faces is how best to provide needed long-term care services and supports to this growing population segment who, research has shown, will not only need these services, but will demand they be provided differently than in the traditional models of institutional care. As Ohioans continue to demand more community based options for children and adults with disabilities and the frail elderly, the Administration strives to develop a system were disabled individuals receive long-term services and supports which enable them to live in a setting of their choice.

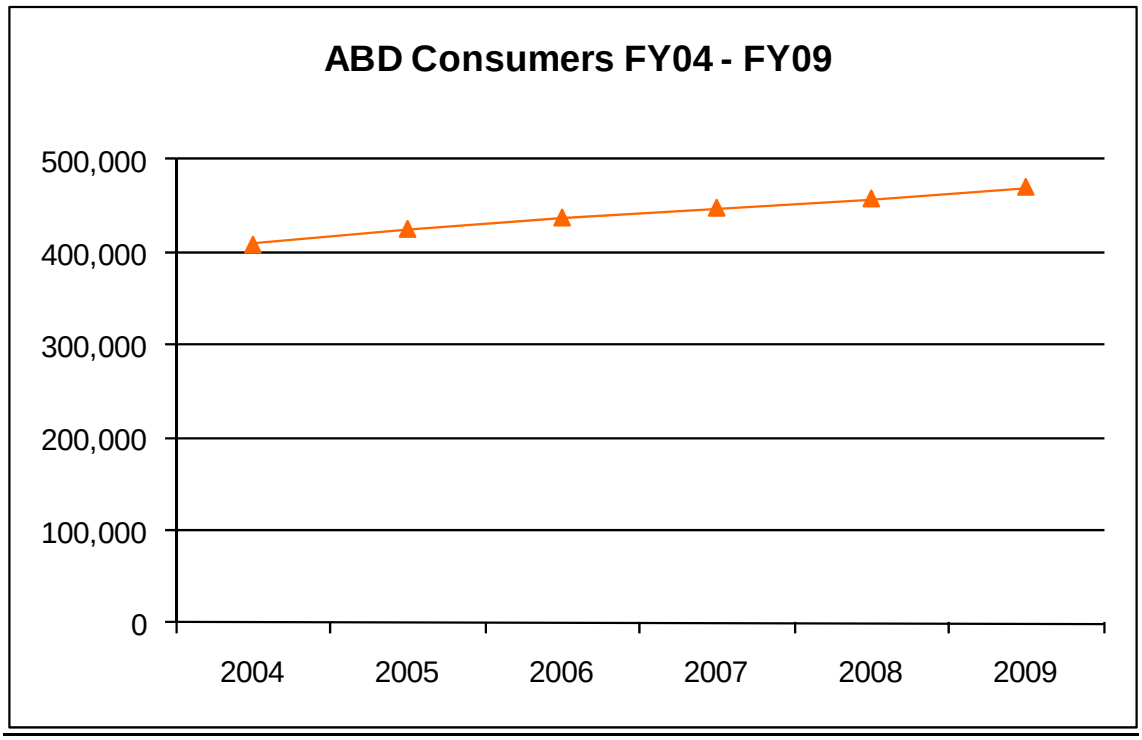
A. History

Individuals who are likely to receive publicly funded long-term services and supports usually receive their services through Medicaid. Medicaid categorizes individuals who may need long-term services and supports as Aged, Blind and Disabled (ABD). Since 2004 the number of people receiving Medicaid services in this category has steadily increased as depicted in the graph below. As the number of people in this category has increased over time Ohio has remained committed to serving as many individuals in the setting of their choice.

Managed Care for Individuals who are Aged, Blind or Disabled

In State Fiscal Year 2006-2007, the Ohio Legislature mandated a statewide expansion of full-risk Medicaid managed care for 125,000 Ohioans who were elderly or disabled. This mandate provided these individuals the opportunity to stay in the community longer. To adhere to the legislative mandate, Ohio Medicaid implemented the statewide expansion, regionally. Eight regions were developed based on health care utilization patterns of Medicaid consumers in each county. Each region has at least two but no more than three managed care plans under contract with the ODJFS.

Graph 1-ABD Consumer Caseload



*Source: Ohio Department of Job and Family Services: Decision Supports Systems

HOME AND COMMUNITY BASED WAIVER ENROLLMENT UPDATE

Since the initiation of Home and Community-Based Services (HCBS) waivers in Ohio in the 1980's, enrollment, utilization of services, and total expenditures have continued to grow. The term "waiver" refers to an exception to federal law that is granted to a state by the federal Centers for Medicare and Medicaid Services. Waivers allow participants, who have disabilities and chronic conditions, to have more control of their lives and remain active participants in their community. As a result, waiver services have become an integral part of community service options for persons with disabilities, in Ohio. The number of individuals enrolled in HCBS waivers has increased from 35,232 in state fiscal year (SFY) 2001 to 66,719 in SFY 2009. In SFY 2009, expenditures for waiver services were $1.57 billion. Expenditures for waiver services, as a percent of total Medicaid expenditures, have increased from 6.4% in SFY 2001 to 11.1% in SFY 2009.

Ohio provides Medicaid funding for eight waivers. These eight waivers are currently administered through the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Aging (ODA), and the Ohio Department of Developmental Disabilities (DODD). Each waiver targets unique population groups and serves these groups with a range of home care supportive services. The waiver program's cannot cover room and board, but do offer supportive services within the community environment.

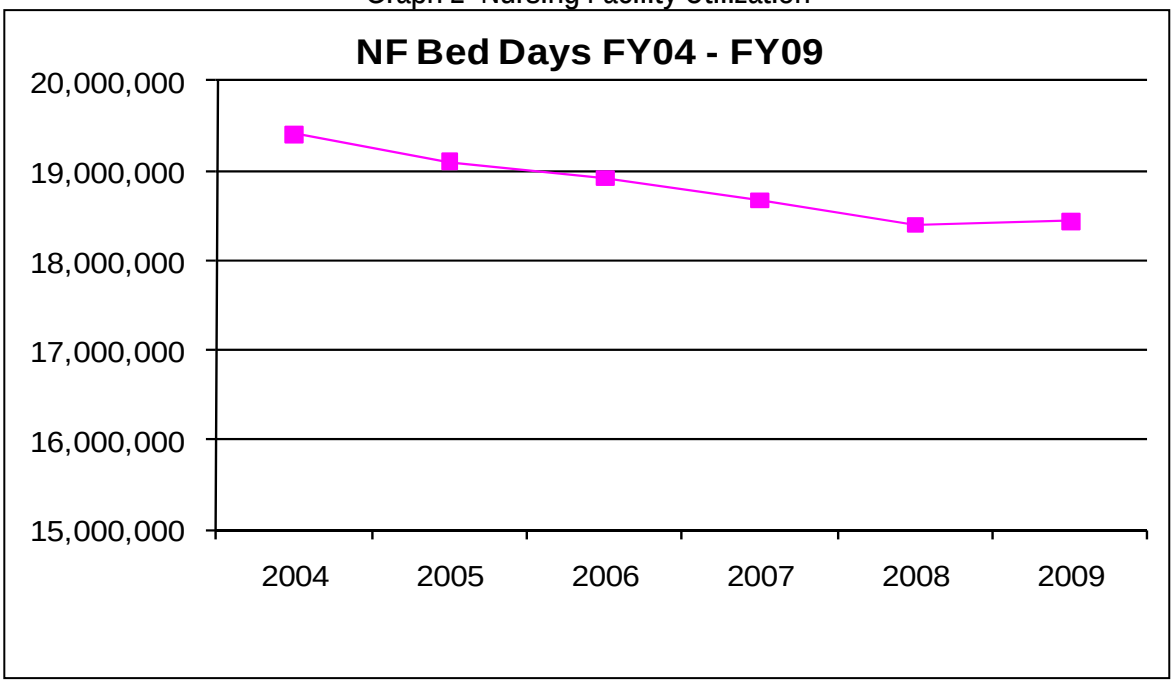
Table 1 Ohio's waiver enrollment:

Waiver Name	Administering Agency	Consumer Age	Enrollment (November 2006)	Enrollment (March 2010)
PASSPORT	ODA	60+	24,704	28,042
Choices	ODA	60+	210	526
Assisted Living	ODA	21+	50	1,985
Ohio Home Care	ODJFS	59 and younger	8,047	8,313
Transitions DODD	ODJFS	All ages	3,041	2,810
Transitions Aging Carve-Out	ODJFS	60+	449	1,732
Individual Options	ODODD	All ages	11,604	15,526
Level One	ODODD	All ages	4,380	7,785
Total			52,485	66,719

*Source: Ohio Department of Job and Family Services: Decision Supports System

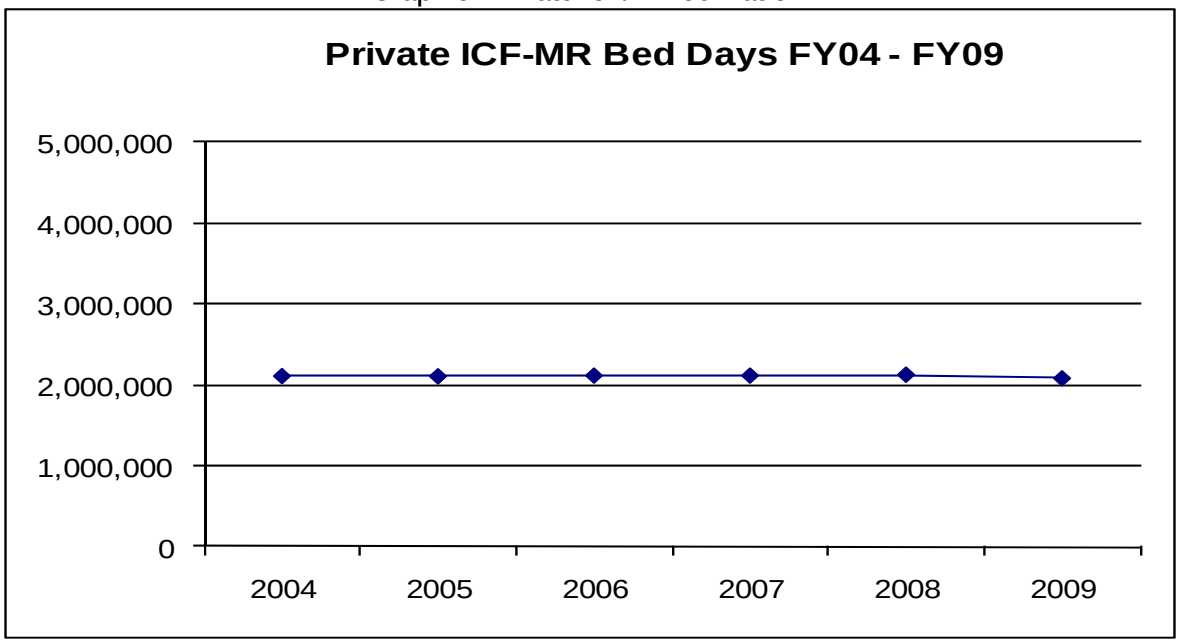
As you can see from the data in Table 1 and Graph 2, Ohio has continued to see growth in the number of individuals receiving home and community-based care and has continued to see a steady decline in utlization of nursing facilities.

Graph 2- Nursing Facility Utilization



*Source: Ohio Department of Job and Family Services: Decision Supports Systems

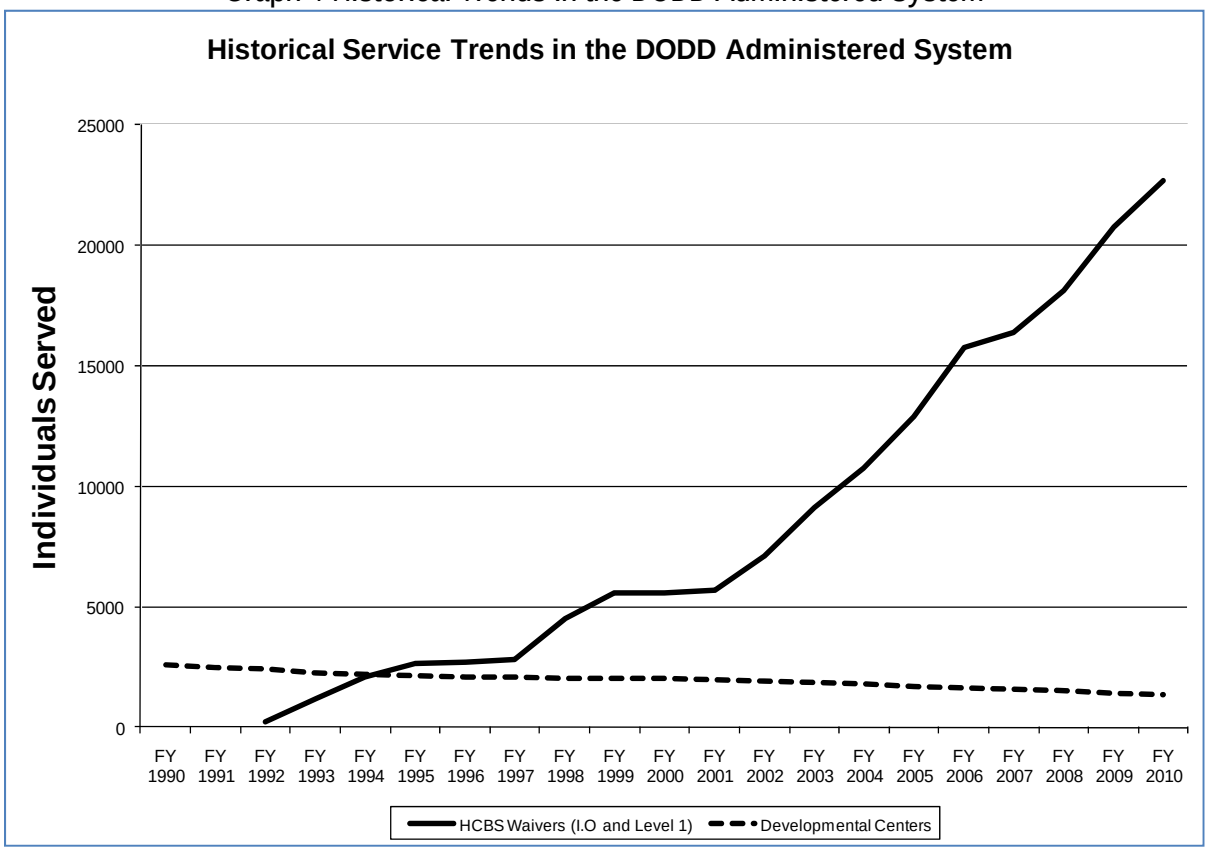
Graph 3- Private ICF/MR Utilization



*Source: Ohio Department of Job and Family Services: Decision Supports Systems

Graph 3 depicts a slight decline in utilization over the past five years. The term Private ICF/MR refers to the fact that these facilities are privatly run but are publcly funded, as 99% of the individuals residing in these facilities are Medicaid recipients.

Graph 4-Historical Trends in the DODD Administered System



*Source: Ohio Department of Developmental Disabilities

Graph 4 portrays the commitment that the Department of Developmental Disabilities (DODD) has had in providing individuals choice in the setting of where they receive care. DODD has decreased the number of state operated developmental centers and has steadily increased the numer of individuals receiving care in a home and community-based setting of their choice.

MENTAL HEALTH ACT OF 1988 AND SYSTEM CHANGE

The Mental Health Act of 1988 "Act" was nationally known and recognized as "landmark" mental health legislation by mental health providers and advocates. Under the admininistration of Governor Richard Celeste and ODMH Director Pam Hyde, the Act provided a different and renewed focus and locus of mental health care management for some of the most vulnerable Ohioans. The main purpose of the Act was to establish community support systems for people with serious mental illness and to estabilish the financing mechanisms to support their development.

- The Mental Health Act moved the civil commitment status and responsibility from the state to the county mental health boards. This change included those clients being committed by the county probate court and those voluntary admitted to the ODMH state hospitals for care.

- With the shift of commitment status from the state to the county board, the focus of financial responsibility for state hospital care also shifted from the state to the county mental health boards. The Act did not change the commitment status or financing for forensic inpatient mental health care.

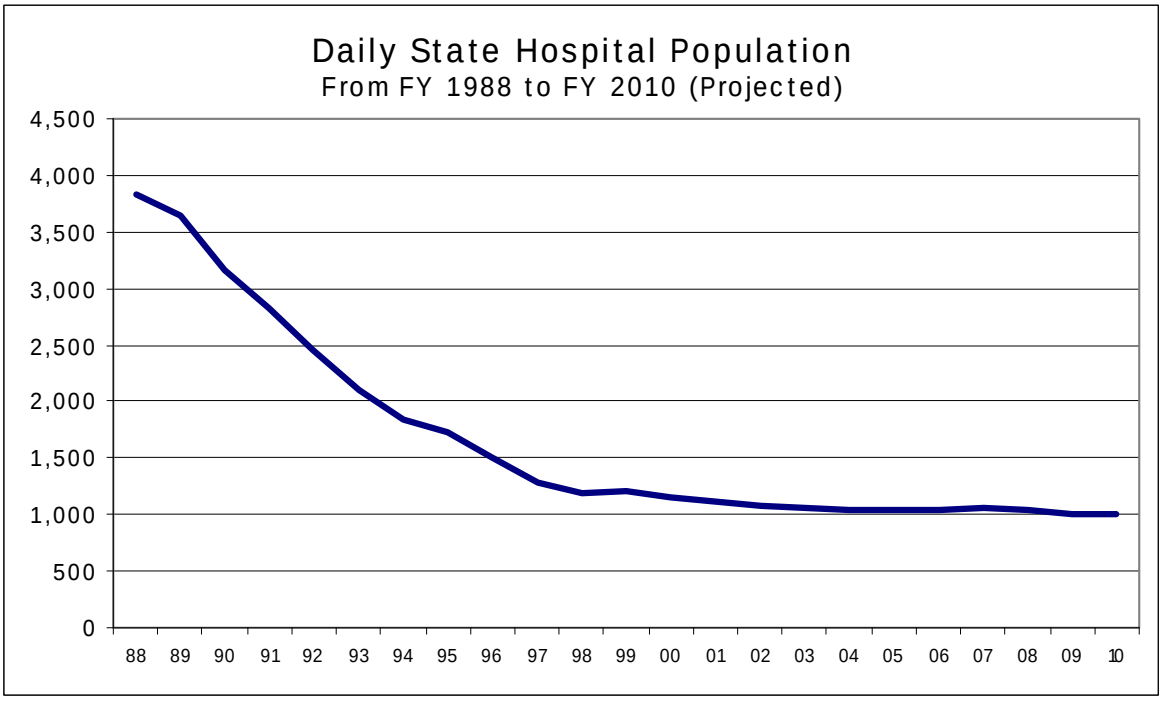
- Although the Mental Health Act provided no new funding to the mental health system, the concept behind the Act was to provide mental health boards with financial incentives to take people out of the state hospital who no longer required a hospital level of care; and to provide appopriate diversion services for those clients needing services other than higher end hospital care.

- With less reliance on state hospitals and more reliance on community care and support services, the goal was to reduce the number of state hospitals needed in Ohio. The goal was realized with the closing of over 10 state hospitals during the 1990's and ultimately "shifing" the savings of state hospital operations to the community.

- From a client's standpoint, the Act provided thousands of hospitalized patients with an opportunity for community living. (See Graph's 5 and 6)

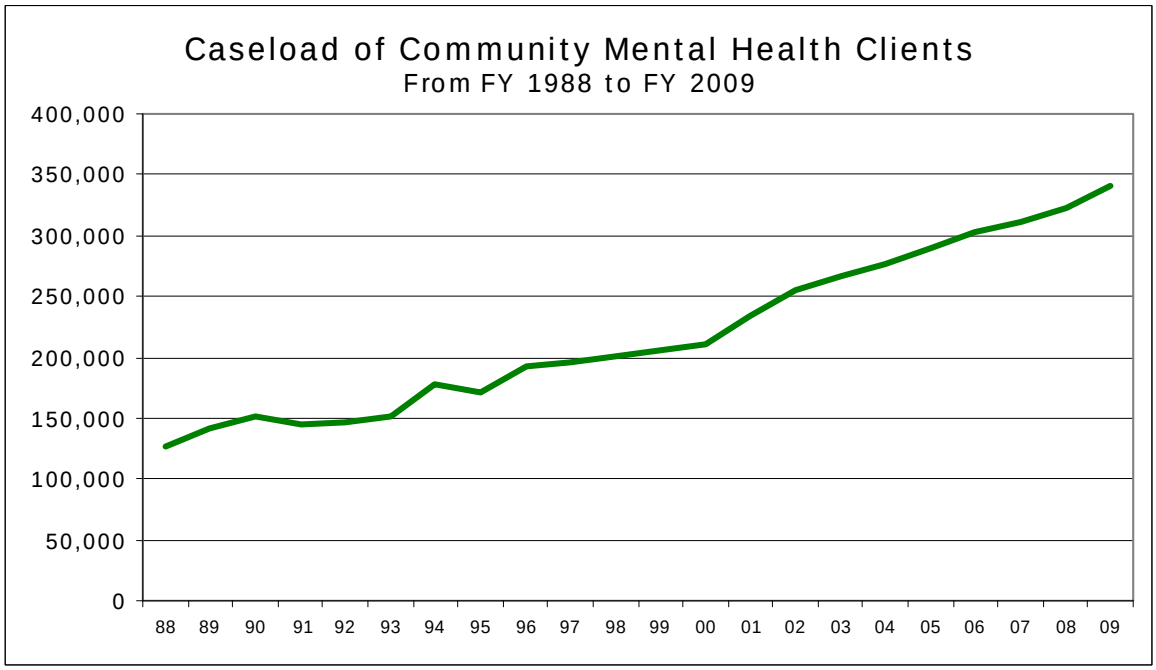
- With more individuals receiving services in the community, the goal of placing clients in the least restrictive environment consistent with their treatment needs would be more likely to occur.

Graph 5- Mental Health State Run Hospital Population



*Source: Ohio Department of Mental Health

Graph 6- Mental Health Caseload of Community Mental Health Clients



*Source: Ohio Department of Mental Health

B. Principles

To address the *Olmstead v. L.C*. decision the following principles were adopted in 2000 as part of Ohio's initial Olmstead Plan:

- Increase Community Capacity: Publicly financed delivery systems should be responsive to consumer demand for choice of services and supports and the need to develop additional capacity in community-based services. Current delivery systems must be improved to assist families, communities, and state and local governments in meeting their responsibilities.
- Prioritize Resources: Reform/expansion of any delivery system must be accomplished by balancing competing priorities within the limited resources of families, community-based organizations, and state and local governments. Government agencies need to develop a process to determine where reform is most needed and can be achieved. Part of this is seeking cost efficiencies and appropriateness of care, especially in institutional settings, thereby making more dollars available to support community-based care.
- Assure Quality and Accountability: All publicly financed delivery systems must assure clinical, programmatic and fiscal accountability and compliance at federal, state, local, and provider levels. Responsibility must be clearly defined at each level to ensure significant aspects of program design, including quality assurance, consumer health and safety, and sufficient and appropriate match.

C. Accomplishments

The Strickland Administration affirmed the aforementioned principles and together with the Legislature funded the following initiatives in H.B. 119, Ohio's operating budget for State Fiscal Years 2008-2009:

- Extended the Access to Better Care (ABC) Initiative to reduce out of home placement through improving access for children and families to behavioral health services and supports in their homes, schools and communities;
- Implemented the Medicaid Buy-in Program for working individuals with disabilities;
- Implemented the Money Follows the Person Program which enables Ohioans to return home and invests in long-term services and supports system change;
- Provided sufficient resources to build the capacity of providers of home and community-based care;
- Provided state funding of $6.2 million in fiscal year 2008 and $29.0 million in fiscal year 2009 to allow 600 individuals to receive an Individual Options Waiver in fiscal year 2008 and 900 individuals in fiscal year 2009; in compliance with the Martin v. Taft consent order; and
- Initiated a plan for a unified long-term care budget that will help the state balance spending in such a way as to expand the choices available for long-term care, eliminate barriers for people moving from institutions to home and community-based settings, and assure a wide variety of options in appropriate care for different levels of care.

During the development of State Fiscal Year's 2010-2011 Operating Budget, also known as H.B.1, the Strickland Administration and the Legislature were faced with the worst economic challenges in recent history. Congress assisted states through this deteriorating economic situation with the passage of the American Recovery and Reinvestment Act (ARRA) of 2009, Ohio was provided a general 6.2 percent increase in the reimbursement rate for the Medicaid Program, known as FMAP. The availability of enhanced FMAP during the fiscal year 2010-2011 impacted the General Revenue Fund (GRF) in two ways. First, Ohio was able to draw additional federal revenue into the GRF for every state GRF dollar spent on Medicaid services (which increased the state's buying power). Secondly, non-GRF Medicaid funds also drew down enhanced FMAP which enabled Ohio to defray a greater portion of estimated Medicaid expenditures onto non-GRF funds, thereby helping to compress the overall unexpected increased reliance for GRF to support Medicaid. This in turn, assisted Ohio balance the General Revenue Fund.

Even through this difficult economic time, Ohio remained committed to the three guiding principles of increasing community capacity, prioritizing resources and assuring quality and accountability and implemented the following strategies:

Increase Community Capacity

- Lifted the restriction of 1,800 participants to increase the size of the Assisted Living Waiver to serve up to 3,000 participants in SFY 2010 and 4,000 in SFY 2011;
- Continued the implementation of the pricing model for Nursing Facility Reimbursement;
- Continued implementation of the Medicaid School Program;
- Continued funding to the Ohio Access Success Program;
- Encouraged partnership between community-based long-term services and supports and housing through the Governor's Interagency Council on Homelessness and Affordable Housing;
- Continued work to revise the "front door" to long-term services and supports;
- Developed Home Care Attendant Service;
- Petitioned the Centers for Medicare and Medicaid Services (CMS) to add a new service to the PASSPORT waiver that links affordable housing with supportive services. This new service is the Enhanced Community Living service authorized by H.B. 1;
- Expanded Choices, a Medicaid participant directed waiver, to northwest Ohio; and
- Expanded the availability of home-delivered and congregate meal programs through use of special ARRA funding.

Prioritizing Resources

- Ohio has significantly increased the number of Individual Options and Level One Waivers;
- Ohio reduced the total number of State-run Developmental Center (ICF/MR) beds;
- Ohio increased the amount of the budget dedicated to waivers for consumers with developmental disabilities;

- Ohio implemented Assertive Community Treatment which actively engages persons with severe mental illness to assist them in finding housing and meets other basic life needs including health care;
- Ohio Funded the Money Follows the Person Demonstration (HOME Choice) Grant;
- Ohio is providing residents of nursing facilities immediate access to PASSPORT, Assisted Living, PACE, and the Residential State Supplement Program through Home First provision in Ohio law; and
- Ohio set aside additional dollars from the Capital Budget for distribution to county boards of developmental disabilities for participation in the Capital Housing program.

Assuring Quality and Accountability

- Enhanced the comprehensive Quality Management System to assure the health and safety of individuals with developmental disabilities, no matter where they receive services;
- Continued development of Ohio's Profile of Long-Term Services and Supports;
- Continued work to develop a consumer council (with paid travel and support services) to enable persons with disabilities to provide guidance to policy and operations;
- Developed an incident reporting and tracking system (WIRED) for Medicaid waivers administered by the Ohio Department of Aging (ODA);
- Conducted consumer satisfaction surveys for Medicaid waiver programs, administered by ODA, which indicate consumers overwhelming satisfaction with the services they receive; and
- Conducted family and resident satisfaction surveys for nursing facilities and residential care facilities, these results are published on-line (by facility) at www.ltcohio.org.

Ohio's Vision:

The Administration aspires to have a system where Ohioans who need long-term services and support…
Get the services and supports they need in a timely and cost-effective manner
In settings they want from whom they want,
And if needs change, services and supports change accordingly.

Ohio's Plan:

In response to the advocacy of people with disabilities of all ages and their families, many states are balancing their long-term services and supports systems to enhance choice, reduce institutionalization and increase opportunities for people to live in the community. As part of the balancing effort, some states - with the encouragement of the Centers for Medicare & Medicaid Services - are developing a profile of their long-term services and supports system. In addition to creating a management tool and building a profile in response to a recommendation through the Unified Long Term Care Systems Workgroup and through the Money Follows the Person Demonstration Project, Ohio plans to continue to explore options available to assure those individuals who desire to live in the community will have the ability to do so.

Ohio's plan recognizes that true choice and system balance is realized when changes are made to multiple points of the delivery system structure including, but not limited to: the entry point, assessment of need, budget, service and support access, provider access, care management, quality, continuity, and program integrity. In an effort to provide expanded choice, efficiency, and quality of care, to align with the Olmstead purpose, and in response to the advocacy of people with disabilities of all ages and their families, Ohio must balance its long-term services and supports systems to assure choice, reduce institutionalization and increase opportunities for people to live in the community. Ohio has an extensive balancing plan, as a part of the Money Follows the Person Demonstration Grant (HOME Choice), that includes initiatives in all eight components of a balanced delivery system. These eight components are:

1. Administration and Budget – a mechanism to coordinate policies and budgets to promote community opportunities;
2. Access points – a clearly identifiable organizational management process to assure access to a wide variety of community supports, ensuring people understand the full range of available options before receiving more restrictive services;
3. Institution supply controls – mechanisms such as Certificate of Need requirements that enable states to limit or reduce institutional beds;
4. Diversion and Transition from institutions – outreach to identify residents who want to move and assistance with their transition to the community;

5. Housing and Services – availability of support services in a range of options from mainstream single-family homes and apartments to integrated group settings for people who need 24-hour supervision or support;

6. Workforce – recruitment and training to develop a sufficient supply of providers with the necessary skills and knowledge to encourage consumer independence;

7. Self-direction – people who receive home and community-based services having primary decision-making authority over their direct support workers and/or their budget for supports; and

8. Quality – an effective system that: a) measures whether the system achieves desired outcomes and meets program requirements and b) identifies strategies for improvement.

A. Create a Management Tool to monitor the changes as we balance Ohio's long-term services and supports system

The Administration has created the EMMA Long-Term Care Financing Workgroup as a part of the Unified Long-Term Care System (ULTCS). This workgroup is led by the Office of Budget and Management and consists of staff from the Department of Aging, Department of Job and Family Services, and the Executive Medicaid Management Administration. The workgroup is responsible for forecasting the long-term services in the Departments of Aging and Job and Family Services, reporting the results of actual performance compared to the forecast and the budget, and supporting the budget development for the upcoming FY 2012 – 2013 biennial budget. Additionally, this workgroup will coordinate budget and policy initiatives to assist EMMA agencies to balance Ohio's long-term services and supports so that it will be flexible, transparent and cost-effective.

Several stakeholders have indicated that an important goal for the state is to make progress on setting benchmarks as the state strives to balance the long-term care system. The major deliverable expected from this workgroup by the end of calendar year 2010 is a manual that documents policies and procedures for the ULTCS. This manual of policies and procedures for implementing the ULTCS across all involved agencies will encompass the following:

- Overall goals of ULTCS;
- Budgeting methodologies;
- Procedure documentation for long-term care payments and transfers;
- Procedures to eliminate wait lists;
- Risk assessments;
- Updated quarterly reports that will include changes in respect to balance;
- Actual performance compared to the (annual/biennial) forecast and budget;
- Supply and demand by geographic region; and
- Summary of statistics
    - Costs (per member per month, nursing facility cost, etc.);

- Balancing statistics;
- Caseloads;
- Enrollment and disenrollment of waivers;
- Bed days; and
- Services consumed.

As this workgroup begins to develop a sustainable funding system for Ohio's Unified Long Term Care system, it will also work with agencies to get access to granular data on the demand and supply of long-term services and supports in Ohio's local markets. With this data in hand, we will have the appropriate information to establish realistic and attainable benchmarks.

In addition to working closely with state agencies, the EMMA Long-Term Care (LTC) Financing Workgroup will function as a conduit between stakeholders and state agency staff by:

- Updating the Balancing and Funding Subcommittee of the Unified Long-Term Care Systems Workgroup of the progress around activities and products that the EMMA LTC Financing Workgroup have completed and/or prepared; and
- Integrating financial policy recommendations from the ULTS Balancing and Funding Subcommittee into the work of the EMMA Financing Workgroup.

B. Create the State Profile Tool

A state long-term services and supports profile can provide policymakers and stakeholders with a high-level view of the long-term services and supports system, identify opportunities for improved coordination among programs and other health and social services, acknowledge successes, and identify service gaps.

Ohio's profile will be web-based and will include the following:

1. An executive summary of Ohio's current system and an overview of performance indicators with a progress rating form;
2. Background information on Ohio's system;
3. Current and future challenges faced by the system in Ohio, how Ohio has responded to challenges, and Ohio's vision for the future;
4. How Ohio will monitor progress to include development and tracking of the indicators;
5. Each indicator and presentation of data within the eight key system components of balance; and
6. Summary chart of indicators and policy initiatives.

Indicators will roll out in three phases based on data source availability as follows:

i. Phase 1 Indicators (baseline established and populated to the webpage in 2010)
   - Indicator #1: Ratio of Medicaid Expenditures on institutional care vs. home and community-based care;

- Indicator #2: Ratio of the number of individuals served in Medicaid funded institutional settings vs. individuals served in home and community based settings;
- Indicator #3: Per member per month Medicaid expenditures (both acute and long-term);
- Indicator #4: Percentage of occupancy of all long term care beds;
- Indicator #5: Accessible and Affordable Housing;
- Indicator #6: Ohioans with Disabilities in the Workforce;
- Indicator #7: Improving Services and Supports for Ohio's Children; and
- Indicator #8: ODA, ODODD, and ODJFS Waiting List Count.

ii. Phase 2 Indicators (baseline established and populated to the webpage in 2011 if determined appropriate following additional interagency work)

- Indicator #9: Planning for the Future;
- Indicator #10: Rate of Underinsured and Uninsured Ohioans;
- Indicator #11: The proportion of participants with opportunity to self direct by program;
- Indicator #12: Satisfaction with services and supports;
- Indicator #13: Health Care Workforce; and
- Indicator #14: Specialized Coordination: TBI, Autism, Co-Occurring DD/MI and MI/Drug and Alcohol Use.

iii. Phase 3 (Phase 3 indicators are expansions to the Phase 1 and 2 indicators and/or additions based on state profile results) This phase could include:

- Expand Indicators #1, #2 and #3 to include all public funding sources;
- Expand Indicator #1 to include characteristics of Ohioans residing in pre- determined settings;
- Expand Indicator #7 to include "high-fidelity" metrics for children between birth and 21; and
- Expand Indicator #10 to include other funding sources – of particular interest might be use of private insurance trends.

The Balancing and Funding Subcommittee of the Unified Long-Term Care System Workgroup will analyze and review the data collected for these indicators and recommend systemic goals.

C. Continue developing a Unified Long-Term Care System

On January 21, 2010 the Department of Aging hosted a Unified Long-Term Care System retreat to refocus and reenergize the group.

The priorities and strategies that the workgroup plans to focus on going forward are:

- Continuing consolidation of the budgeting process for long-term services and supports to achieve better balance in Ohio's LTSS system. Specifically, exploring strategies that will link the budgets for facility-based and home-based services and supports and exploring future options for funding;

- Exploring changes that will improve the eligibility process and changing eligibility standards that will give consumers greater choice in service settings and will be more equitable across programs and services;
- Completing Ohio's service array and improving the interconnections between service systems;
- Integrating acute and long-term services and supports systems;
- Improving the "front door" and increasing the effectiveness of Ohio's entry system for long-term services and supports; and.
- Focusing on workforce development for direct service workers that will create greater opportunity and improve retention.

D. Create the HOME Choice Advisory Council

After many months of collaboration among the Ohio Department of Job and Family Services, the Olmstead Task Force and the Ohio Developmental Disabilities Council to create rules and identify members who have a disability or who had previously lived in an institution, the HOME Choice Advisory Council was created. The charge of the HOME Choice Consumer Advisory Council is to advise the state agencies, General Assembly members and interested parties, by providing a forum for input, education and development of consumer consensus on principles, standards and policy initiatives impacting the long-term services and supports system. The Council will address issues of access and entry into the delivery system, services and supports design and redesign, self-direction expansion, housing and health and human service workforce development and unified budget. The Council will also lead in encouraging expanded advocacy across disability groups and will provide support and guidance to local advocacy efforts. The Council's first meeting will be in spring of 2010.

E. Develop the Flexible Supports Waiver

Ohio is developing a flexible support waiver that will be a mid-level, capped waiver which will offer participant direction of services. This waiver will be the first operated by the Ohio Department of Developmental Disabilities that will offer participant-direction of services and supports. The waiver will also embrace an individualized and coordinated planning approach. This waiver builds upon the concepts created during the development process for the waiver for children with intense behavioral needs, previously known as the New Futures Waiver. DODD will maintain its commitment to fund 100 children with intensive behavioral needs and will use the structure of this new waiver as the vehicle to accomplish that. This waiver creates possibilities for accessing supports that have a positive impact on the individual's quality of life in the home and community.

F. Implement and support Adult Housing Policy in the Ohio Department of Mental Health

The new Adult Housing Policy in the Ohio Department of Mental Health takes into account the different needs of individuals who may have a mental illness and to develop housing that is available, well-managed and healthy. The ODMH's Adult Housing Policy's goal is to collaborate in efforts that strengthen a continuum of community housing options ranging from adult care facilities (ACF) to supportive housing to home ownership. ODMH believes that a comprehensive housing plan across state agencies within local communities should be flexible as people enter into and experience recovery in different personal and often non-linear ways.

ODMH is committed to recovery/resiliency. The ability for people to remain in their homes throughout all stages of their individualized treatment journeys is an essential component of recovery. ODMH believes in creating a system of shared accountability that assists people with mental illness in obtaining and sustaining permanent housing.

G. Increase Access to Permanent and Supportive Housing

As the state of Ohio moves forward with reform of the long-term services and supports system, housing will play a vital role in providing persons with the freedom to choose to live in the setting of their choice. Governor Strickland understands that one of the reasons individuals remain in institutions is due to the lack of affordable and accessible housing. As a result, The Interagency Council on Homelessness and Affordable Housing (ICHAH) was established by Governor Strickland's Executive Order 2007-08S, as signed on April 23, 2007. The mission of the ICHAH is to "unite key state agencies to formulate policies and programs that address affordable housing issues and the needs of Ohioans who are homeless or at risk of becoming homeless". The ICHAH is further responsible for making recommendations to assist the Governor in "...devising and implementing a long-term plan to support affordable housing and to end chronic homelessness."

On September 30, 2008, the Council requested assistance from the Technical Assistance Collaborative (TAC) in the development of a long term plan to support affordable and accessible housing for Ohioans with long term disabilities including those who are chronically homeless. TAC is a national nonprofit organization that works to achieve positive outcomes on behalf of people with disabilities, people who are homeless and people with other special needs. TAC completed a thorough review and analysis of affordable housing and available Medicaid resources in Ohio and presented a report to the Council outlining a series of important recommendations including key steps to expanding permanent supportive housing. The Council approved the report on July 15, 2009.

The Council has since adopted an overarching strategy of strengthening partnerships among state agencies and between state and local entities to increase the availability of permanent supportive housing by 6,000 units statewide over the next five years. To aid in accomplishing this goal, the Council has chartered the following work groups to implement the recommendations approved by the Council:

- *Permanent Supportive Housing (PSH) Policy Framework Work Group* was charged with developing a uniform definition of permanent supportive housing, including criteria, target populations and models. The PSH Policy Framework was adopted by the Interagency Council on Homelessness and Affordable Housing on January 28, 2010 and has been submitted to the Governor for endorsement.
- *Access to Medicaid Work Group* is charged with reviewing current policies affecting the partnership between permanent supportive housing and Medicaid and identifying opportunities for greater partnerships.
- *Local/State Permanent Supportive Housing Partnership Work Group* is charged with developing partnerships across the state for coordinating policy and resources across the state, sensitive to both local and state priorities, to facilitate the development of permanent supportive housing.

Ohio also provides support services to individuals not receiving waiver or institutional care, but living in homes across the state, either rented or owned. Public and private housing complexes that receive federal money are generally required to have five percent of their rental units accessible to people with mobility impairments and two percent of rental units accessible to individuals with hearing or vision impairments. However, the availability of these units to people with disabilities has declined due to inconsistent enforcement of accessibility requirements, as well as the fact that many publicly and privately subsidized housing complexes only admit the elderly. To begin addressing the need for more information for consumers on housing options, the Ohio Olmstead Task Force collaborated with the Departments of Job and Family Services, Developmental Disabilities, Aging, the Ohio Housing Financing Agency and the Developmental Disabilities Council to create an online housing locator service to catalog available housing options. The Housing Locator, http://www.ohiohousinglocator.org/, allows Ohioans to search for available housing options in their area.

The Low-Income Housing Tax Credit Program (LIHTC), the largest source of funding for affordable housing in Ohio, awards tax credits to approximately 55 development projects a year. LIHTC is designed to increase the supply of affordable housing by offsetting the building acquisition, new construction or substantial rehabilitation cost for rental housing developments. In its 2010 Qualified Allocation Plan (QAP), the Ohio Housing Finance Agency has allocated up to $3 million toward production of PSH, with an increase to $4 million in the 2011 QAP.

Additionally, through Ohio's HOME Choice program funded by the federal Money Follows the Person (MFP) initiative, Ohio plans to safely transition approximately 2,200 individuals who are elderly or disabled and unnecessarily institutionalized into more cost effective, less restrictive community-based setting. Demand for permanent supportive housing will likely increase as a result of the Home Choice program.

The current challenge for increasing access to permanent supportive housing is limited resources, but state agencies are focused on working to improve collaboration with local public housing authorities and local housing providers. Through the ICHAH, improved efficiencies and enhanced communications are underway.

H. Explore Streamlining Processes through Which Consumers Learn about LTSS

Many of the comments that were collected and ranked at the two stakeholder meetings in the winter of 2010, focused on a more collaborative effort among state agencies and a single point for people to attain information about programs offered by the state for individuals with disabilities. In response to the comments that were collected, the Administration created an interagency workgroup to explore streamlining processes through which consumers about Long Term Services and Supports (LTSS). A number of tools have been created in recent years to assist people with learning about and accessing these services and supports. This project will assess the status, success and sustainability of these tools and identify a strategy or strategies, in particular the need and/or benefits of an Internet portal, to achieve the goal of a more effective and efficient method for learning about and accessing long term services and supports. Once the work of this group has been completed and implemented, consumers will have better access to reliable and trustworthy information about services, programs and service providers.

To adhere to Olmstead, Ohio has implemented the following policy changes to achieve an appropriate balance between Medicaid home and community-based care and Medicaid institutional settings:

A. Changed Nursing Facility Policy

1. Changed Nursing Facility Reimbursement

House Bill 66 (the biennial budget bill for state fiscal years 2006-2007) changed nursing facility reimbursement from a prospective system where the rate for each provider was calculated from its own costs and occupancy data (subject to ceilings) to a "pricing" system where the rate for each provider is driven by the aggregate cost experience of all providers in its peer group. Rates were frozen in state fiscal year 2006 (other than to recognize an increase for the franchise fee), and implementation of the pricing system began in state fiscal year 2007.
Under the pricing system, provider rates are generally not linked to their individual cost experience. Instead providers are placed into peer groups based on the historical cost experience in their counties. Prices are then set at the peer group level with adjustment for facility acuity differences. The pricing system also implemented a Quality Incentive Payment which introduces a portion of the rate, which is based on individual provider performance on a variety of measures.

The pricing system was a dramatic shift in the way Medicaid purchases nursing facility services and, at full implementation, will have a dramatic impact on individual provider rates and shift resources among nursing facility providers. In order to provide time for transition in the delivery system, a "stop loss/stop gain" methodology has been used to move providers gradually toward full implementation. This limits the rate of change in each provider's rate from year to year.

While the pricing system made many changes in the formula used to determine nursing facility rate, the Medicaid reimbursement methodology was modified in three key ways:

(a) A nursing home will no longer be reimbursed at a higher level just because the facility spent more money in the prior calendar year. Instead, a peer group rate is established and adjusted by any price growth authorized by the General Assembly. This creates an incentive for nursing facilities to operate in the most efficient method possible.

(b) Because a nursing facility's rate is no longer driven by the number of inpatient days in that facility, the state does not bear the cost of unused capacity in the delivery system. Capital costs are now spread over all bed days available when prices are established. As a result, the state is no longer paying for empty beds.

(c) Annual growth in NF rates is no longer guaranteed by provisions in the Ohio Revised Code. Instead, the General Assembly determines any growth in prices as part of the biennial budget process. This means that nursing homes no longer have the first claim on Medicaid funding; instead the General Assembly is able to consider the entire Medicaid program as it prioritizes resources.

Additional changes to the way Medicaid purchases nursing facility services were made in House Bill 1 (passed in July 2009). The definition of the "nursing facility service" was expanded to include transportation, oxygen, wheelchairs and their repairs, therapies, and a limited number of over-the-counter pharmacy products. This emphasizes the nursing facility's responsibility for managing resident care and encourages efficiency in the delivery of nursing facility services.

2. *Changed Certificate of Need (CON) in House Bill 1*

The Certificate of Need (CON) amendments in H.B. 1 allow the Director of Health to periodically assess the need for nursing facility beds and allow for transfers of beds between counties in order for bed supply to match population migration. The calculation of bed need will focus on target occupancy and should adjust as community options are developed. Moreover, a nursing facility that has agreed to sell licensed beds in a county with bed excess to a facility in a county with bed need must surrender 10% of the beds they are selling to the state at no cost. The revisions to CON law will also allow the relocation of licensed nursing home beds from an existing nursing home to another existing nursing home located in a contiguous county.

3. *Changed Pre-Admission Screening and Resident Review (PASRR)*

Pre-Admission Screening and Resident Review (PASRR) is a federally mandated screening process for individuals who are admitted into a nursing facility. The intent of this federal mandate is to assure the appropriate placement of individuals known or suspected of having a mental illness or developmental disability to receive the appropriate level of care necessary to meet their needs.

- On December 1, 2009, the revised PASRR-related rules were implemented. As a result, the state's Medicaid agency and the state's mental health and developmental disability authorities have a mechanism to track the utilization of the hospital exemption, which allows expedited admission from a hospital to a nursing facility. These rules also warrant a significant change to the resident review process of all nursing facility residents admitted to a psychiatric unit operated or licensed by the Ohio Department of Mental Health. Moreover, the revised rules established that only the state's designated authorities shall issue a PASRR determination, to include a rule-out, in which no further evaluation would

be required - a rule-out may be issued due to severe mental illness (SMI) not having been confirmed or to the validation for a primary diagnosis of dementia.

- The revised PASRR-related rules established a specified period approval for resident reviews, which are conducted on individuals receiving care in a nursing facility. With this, individuals whom would not be approved for an indefinite stay in a nursing facility would be approved for a specific period of time, to support appropriate discharge planning or to cover the need for additional rehabilitative care.

- The revised-PASRR policy also includes the collection of data to study the barriers to community placement as well as the referral mechanism to the HOME Choice Transition Program and the Area Agency on Aging Long Term Care Consultations. ODJFS has entered into a Money Follows the Person sub-grant agreement with Scripps Gerontology to study the impact of PASRR changes on access and quality of care and provide analyses to Ohio agencies on diversion and transition activities.

- The Money Follows the Person Demonstration grant (HOME Choice), has been identified as the mechanism to assist the transition of residents, meeting the eligibility criteria for participation, to community-based alternatives. However, considering the number of barriers that challenge the effective transition from institutional care to community alternatives, ODMH has committed to working with ODJFS, (the agency that administers HOME Choice) to transition fifty residents with a diagnoses of SMI over the next three years (ten during the first year and twenty in both years thereafter). This initiative will assist in informing future policy development.

4. *Changed Level of Care (LOC)*

Level of care is a utilization management tool used by Medicaid to determine an individual's level of disability and the appropriate level of care/services the individual requires.

- A LOC assessment is required when a person is seeking Medicaid payment for certain services. Changes to Level of Care are driven by the need to assure greater flexibility and choice in service delivery and are based on data obtained through an ODJFS contract with Permedion, a provider of health care quality and analysis. Permedion performed a study of nursing facility level of care in 2009 and is embarking on a study of the ICF/MR level of care expected to conclude in 2010. The data gathered through these two studies will inform policy change.
- The Inter-Agency Work and the Front Door Stakeholder Group (a group comprised of consumers/advocates, local delivery systems, and providers) will focus attention in 2010 and 2011 on changes to Ohio's Medicaid Level of Care policy and operations.

B. Implemented HOME Choice: Ohio's Money Follows the Person Transition Program

In January of 2007, Ohio was one of 31 states to receive funding for the "Money Follows the Person" demonstration project enacted by Congress as part of the Federal Deficit Reduction Act of 2005. Ohio, the fourth largest grantee, could potentially receive up to $100,645,125 in federal matching funds over five years. The grant has two core goals: 1.) *Transition* Medicaid recipients from facility based (also known as institutional) to community-based settings; and 2.) Create a foundation for long-term services and supports *system change* to better meet the choices and needs of persons who are elderly and/or have disabilities. As a result of the Patient Protection and Affordable Care Act (PPACA) and the amendments enacted as well by the Health Care and Education Affordability Reconciliation Act of 2010 (the Reconciliation Act); the demonstration period concludes September 30, 2016 rather than September 30, 2011. Recipients enrolling into the program in 2016 will receive benefits into 2017.

The Ohio HOME Choice Transition Program adds "fuel" and a coordinating function to Ohio's existing community system. In addition, Ohio's Transition Program creates a distinct set of "post-institutional" services that smooth the way for people who are moving to a home setting from an institution. These extra services are finite as people adjust to living in their own homes and transition to individualized service packages established either through an existing HCBS waiver or Ohio Medicaid's state plan benefit plus other services and supports that are not funded via Medicaid.

The HOME Choice Transition Program provides insight and opportunity for analyses on the barriers to community placement for specific groups of people with disabilities, a necessary component to system reform. The program provides an opportunity to understand the changes needed to assure flexibility and choice for Ohioans. As of December, 1, 2009, the transition program has helped 577 Ohioans transition home with targeted outreach to persons with mental illness and children in residential treatment facilities. Over 1,500 referrals have been received since the transition program opened for enrollment in October 2008. In addition, Ohio's Centers for Independent Living, regional long-term care ombudsman programs, Family and Children First Councils, County Boards of Developmental Disabilities, Mental Health designated agency, and Brain Injury Association of Ohio networked have identified and worked with Ohioans of all ages who desire community placement. Please visit http://jfs.ohio.gov/OHP/consumers/homechoice.stm for information on Ohio's Transition component known as HOME Choice (Helping Ohioans Move, Expanding Choice).

A key component of the grant is system reform. The Ohio grant, using reinvestment dollars, includes strategies to reform the long-term services and supports system within all eight components of a balanced delivery system: housing, workforce, services, quality, self-direction, access (also known as the front door), organization and institutional supply controls. Please visit http://jfs.ohio.gov/OHP/infodata/MFPGrant/info.stm for more information.

The interagency team continues to work with stakeholders to reform the long-term services and supports system by:

- Revising PASRR rules;

- Revising Level of Care criteria;
- Creating and funding a Consumer Council;
- Building the web-based State Profile Tool;
- Developing a health and human service lattice;
- Developing a toolkit for Medicaid Housing; and
- Expanding Permanent Supportive Housing.

Success Story

"Thank you so much for all your help. I can't put into words how grateful I am. HOME Choice has given me my life back. My faith and hope-I thought I lost forever. HOME Choice is a program I would tell anyone that is in need or ready to make that step back to independent living again. On my move-in day I couldn't believe it was true: I have my own apartment" --CM

C. Continued to add more self-directed services within Medicaid Waivers

ODJFS has received approval from the Centers for Medicare and Medicaid to add the home care attendant service to the Ohio Home Care Waiver and the Transitions Carve-Out Waiver in 2010. As a result, consumers will have the ability to hire, train and direct unlicensed individuals who will provide them with assistance with the self-administration of medications and the performance of certain nursing tasks. The addition of home care attendant services is a result of the work of ODJFS staff, consumers, caregivers, providers and other advocates, as well as the enactment of H.B. 1.

ODJFS added a self-directed "goods and services" benefit to HOME Choice (MFP) which will assist consumers in accessing items needed to transition to community living from an institutional setting.

ODJFS has begun to modify the Transitions DD Waiver to better meet the needs of persons with developmental disabilities. New services are likely when the waiver is renewed in 2010.

ODA has expanded its Choices waiver to northwest Ohio.

D. Created the Unified Long-Term Care Budget Workgroup

In H.B. 119, the fiscal years 2008-2009 operating budget, the Legislature charged the director of the Department of Aging to lead an inclusive workgroup, which consisted of members of the legislature, state agencies, and members of the stakeholder community, to develop a Unified Long-Term Care Budget (ULTCB). On May 30, 2008, after ten months of work, the group presented its recommendations to the Governor and the General Assembly. As the workgroup's mission stated, the recommendations would "create a budget for long-term care services and supports that unifies the budgeting process for facility-based and home-based services that supports Ohio's ability to accurately forecast expenditures for these services in future years." Many of the recommendations require significant changes in technology, and

implementation of the new Medicaid Information Technology System (MITS), as well as additional funding. Nonetheless, the framework has been designed and planning continues to implement the recommendations in four phases.

The four phases of the ULTCB are as follows:

1. Phase one focuses on Ohioans who become eligible for Medicaid-funded long-term care services and supports because they need nursing facility equivalent care. This phase includes both nursing facility services and home and community-based "waiver" services administered by the Departments of Aging (PASSPORT, Assisted Living and Choices) and Job and Family Services (Ohio Home Care Waiver) that provide alternative to nursing facility care.
2. Phase two places emphasis on consumers receiving long-term services and supports through Medicaid state plan services offered by Ohio's behavioral health system.
3. Phase three is substantially the "Futures" initiative described herein and focuses on consumers who access long-term services and supports through Ohio's developmental disability system.
4. Phase four recognizes that not all those using publicly funded long-term services and supports are eligible for Medicaid and so the focus here is on consumers accessing long-term services and supports through other federal, state, and local funding sources. ODA provides funding to its twelve Area Agencies on Aging to implement the National Family Caregiver Support program in Ohio that assists informal caregivers with education, support groups, respite care and other services. Furthermore, ODA received funding to implement the Nursing Facility Diversion project in rural southern Ohio that focuses on the needs of those not eligible for Medicaid.

The following recommendations were addressed in Am. Sub. H.B. 1:

a. Elimination of the 1,800 participant limit for the Assisted Living Waiver in Ohio law;
b. Expansion of Choices from a geographic pilot to the entire state of Ohio;
c. Addition of new services to address the need for long-term services and supports in affordable housing – includes a new enhanced community living service which would be added to PASSPORT and adult foster care;
d. Authorizes the combining of ODA's three waiver programs into a single consolidated aging waiver;
e. Reauthorized the existence of the workgroup for another biennium;
f. Expansion of Home First enrollment to include the Program of All-Inclusive Care for the Elderly (PACE); and
g. Authority to further expand long-term care consultation services to more effectively follow Ohioans placed in nursing facilities. Ohio's Area Agencies on Aging and the Scripps Gerontology Center, at Miami University, are implement a coordinated care transition strategy to divert those at high-risk of nursing facility placement.

E. Restructured Ohio's Developmental Center and Home and Community-Based Setting Capacity

Ohio has maintained its commitment to community living for individuals with developmental disabilities. Since 2006, Ohio has significantly increased the number of Individual Options waivers by 3,418 participants or 29.4 percent and Level One waivers by 3,033 or 90.7 percent.

Ohio has reduced the total number of State-run Developmental Center beds by 181 or 11.3 percent. By June 2011, Ohio plans to eliminate another 92 beds bringing the total number of State-run Developmental Center beds to 1,370.

F. Increased budget for developmental disabilities waivers.

Ohio continues to increase the amount of the budget dedicated to waivers for consumers with developmental disabilities.

There has been a steady increase in the percentage of total dollars committed to Medicaid Waivers: a 10.72% increase from 2007-2008; a 12.28% increase from 2008-2009; and despite a reduction of 8.85% in state GRF for FY 2010, waiver expenditures increased by 18.51%.

Projections for FY 2011 show the pattern continuing with an 8.5% increase.

Percentage of funding for the Developmental Centers has dropped 1.68% from 2007 to 2010, with projections showing another drop of 3.25% from 2010-2011.

G. Enhanced Quality Management System- Department of Development Disabilities

Ohio enhanced the comprehensive Quality Management System to assure the health and safety of individuals with developmental disabilities, no matter where they receive services.

The Department of Developmental Disabilities utilizes a broad range of strategies designed to achieve quality and assure the health and safety of individuals being served by the County Boards, residential facilities and community service providers. These strategies include:

1. *Accreditation*

   County Boards of Developmental Disabilities, responsible for administering community service programs for persons with developmental disabilities, must be accredited by the DODD. The accreditation survey focuses on four domains: service planning and delivery, health/safety/welfare, rights, and administration. The accreditation period can range from one to five years depending on the level of compliance.

2. Licensure

The DODD licenses 419 ICFs/MR, the ten Developmental Centers, as well as 714 community-based residential facilities. Licenses are granted for a one to three year time period based on performance of the provider. The focus of a Licensure review includes health/ safety, rights, managing personal funds, and service planning and delivery.

3. Provider Certification

The DODD has a certification and regulatory process for providers outlined in rule. In addition to passing a background check, the rule requires most independent providers and direct services employees of agency providers to:

a. Hold valid First Aid certification;
b. Hold valid CPR certification; and
c. Have completed eight hours of training in: serving individuals with developmental disabilities, individual rights, waiver services, Incidents Adversely Affecting Health and Safety, and Universal precautions for infection control.

Beginning October 1, 2009, all initial provider certifications issued by the Department will be for a term of one year; all renewal provider certifications will be for a term of three years based on the results of a review by DODD staff.

H. Enhanced Quality Management System-Department of Aging

a. Through the Area Agencies on Aging, the Department of Aging (ODA) has successfully deployed an online incident reporting and tracking system (WIRED) as part of the departments effort to ensure the quality of wavier services provided to consumers;
b. ODA has revised its program standards and rules to provide meaningful protection for consumers; and
c. ODA has implemented consumer satisfaction surveys for the three waiver program it administers.

I. Improved qualifications for direct support staff

The Futures Committee recognized the need to have a large pool of qualified, well-trained and competitively paid direct support staff so that individuals with disabilities and their families have good choices, quality care and the best chances for positive outcomes.

To date, the following progress has been made:

- The Professional Advancement through Training and Education in Human Services (PATHS) program developed several curriculum additions and is collaborating with the Ohio Center on Autism and Low Incidence to develop training regarding autism and behavioral supports.
- The DODD has worked collaboratively to address several issues in its budget for fiscal years 2010-2011. Included in this work is an amendment that specifies that recommendations for modifying the payment rates for providers of Home and Community- Based Services waiver services may include recommendations for modifying the method's components that reflect wages, benefits, training, and supervision of persons providing direct care.

J. Improving support and services for individuals with challenging behaviors

Ohio is improving the support and services for individuals with very challenging behaviors so that they may remain successfully in their community.

The ODMH currently funds the Mental Illness and Developmentally Disabled (MIDD) Coordinating Center of Excellence. These funds are used to guide the development of local infrastructure for programs that provide expert consensus and best practices for dual disorder programs for persons with mental illness and developmental disabilities.

In addition to the enhanced role of the Developmental Centers as Regional Resource Centers, the Department of Developmental Disabilities has implemented the following initiatives aimed at achieving this goal:

- The DODD and the Ohio Department of Mental Health have are jointly funding a position responsible for coordinating, organizing, and leading efforts to serve individuals with a dual diagnosis.

- The DODD launched the ***Positive Culture Initiative*** in September of 2008. This initiative is a call to action for the developmental disabilities field to shift away from a primary focus on behavior support and instead look toward developing a positive approach to all interactions with people receiving services through our system. This is a shift away from outward behavior toward the development and fostering of positive relationships. To date, the following progress has been made:

    - Over 3,200 service providers statewide have been trained in this new philosophy.

    - A statewide Behavior Support Advisory Committee has collected data on the number of aversive behavior support plans in place so that future progress may be measured.

    - The Behavior Support Committee has also created training guidelines for behavior support professionals along with related tools to assist them in maintaining standards of a positive culture.

- A *Conveners Group* has been assembled comprised of strong community leaders. This group is charged with the task of selecting others within their circles of influence who will come together to form Local Network Groups. Together they will instill local ownership around a vision of creating a positive culture that drives all decisions being made about services to people in Ohio.

K. Established Regional Resource Centers

Ohio has established Regional Resource Centers to prevent long-term admissions and to help individuals be successful in the community.

Since 2007, nearly 50% of all admissions to the Developmental Centers have been short-term (180 days or less). The Developmental Centers have been active in the prevention of long-term admissions through the following measures:

- Providing technical assistance to County Boards regarding behavioral interventions;
- Offering 90 day admissions for medical and behavioral stabilization;
- Working with Probate Courts to encourage voluntary as opposed to involuntary admission;
- Providing at least one year of "follow-along" services to all individuals leaving the Developmental Centers to assure successful transition to the community;
- Providing training to families regarding the various waiver options; and
- Opening all center-based staff training to community residential providers to assist them in improving their skills and services.

L. Created the Housing Guidance Working Group

The Housing Guidance Working Group "Group" was created in July 2009 to address specific issues identified during a session of the Disability Housing Network's (DHN) spring 2009 Conference. The members of this Group included service providers, housing corporations and County Boards of Developmental Disabilities.

The three goals of the Working Group were to:

- Indentify potential housing-related issues that might affect the quality of housing for residents among the three entities involved directly and indirectly: housing corporations, service providers, and County Boards.
- Provide tools and structure to resolve some of the issue raised during the spring 2009 Conference.
- Provide sample language or other best practice options.

The Working Group created a Model Housing Plan to provide a framework by which county Board staff and Housing Corporation staff can discuss current specialized housing operations, needs and options for future housing needs and the operational plan and budget for the coming year.

M. Created the Medicaid in School Program

Under the Individuals with Disabilities Education Act (IDEA), public schools are mandated to provide specific healthcare benefits to children with special needs, as needed, to assure that the child can benefit from their education. Specifically, public schools are required to provide a free appropriate public education, special education and related services, to children ages 3 through 21. Such related services can include therapies, nursing, counseling, etc. This mandate, as well as the requirement that children of compulsory age be enrolled in school, makes the school a great setting to facilitate healthcare access for children.

House Bill 562 created a mechanism for federal reimbursement, for specific healthcare benefits, to be paid for by Medicaid, through an agreement between the Departments of Job and Family Services and the Education. Medicaid allows for reimbursement to the schools for some services provided, if the services are included in an Individualized Education Program (IEP) of a Medicaid eligible child. These are not additional services provided to a child, as the school is mandated to provide the service regardless of the availability of Medicaid funds. Therefore, the Medicaid reimbursement to the schools for these Medicaid allowable services alleviates some financial pressure for the schools that are a result of the cost of providing the IDEA-mandated services.

In autumn of 2009, following collaborative process of working with the schools and stakeholders, changes to this program were implemented. Currently over 400 school districts and community schools have enrolled. Almost 300 schools are submitting and receiving Medicaid reimbursement for services delivered to over 26,000 children. In light of the enhanced federal funds available through ARRA, the schools are also receiving this enhanced funding. Efforts to inform and enroll school districts as Medicaid providers through the MSP will be continued. In addition, the MSP will continue to be monitored and adjustments made to improve efficacy in an effort to improve service access and delivery.

N. Implemented the Ohio Secondary Transition Improvement Grant (OSTIG)

The Ohio Secondary Transition Improvement Grant (OSTIG) initiative, a five year partnership grant (2007 through 2012) from the U.S. Department of Education, focuses on the coordination of secondary transition services for students with disabilities between the Ohio Rehabilitation Services Commission (ORSC) and the Ohio Department of Education (ODE).

The outcomes of the work include:

1) Development of Transition Quality Indicators for transition planning improvement;
2) State-wide capacity building and training of regional teams to improve transition planning between school and adult services;
3) Identification of successful evidenced-based practices for seamless connection of transition planning and services;
4) State-wide replication of evidenced-based practices; and

5) Development of Regional Transition Councils representing all stakeholders in youth school-age to adult living transition process.

Regional training and technical assistance for transition services and planning is provided to school professionals, students and families through the ODE's 16 Regional State Support Teams. This training includes the Individualized Education Program (IEP) process, specific secondary transition elements, student and family self-advocacy and involvement, and connecting to adult service agencies.
Through funding support from the ODE Office for Exceptional Children (OEC), the Ohio Coalition for the Education of Children with Disabilities (OCECD) provides parent and student training events related to the secondary transition process.

With state and federal funding, the OCECD maintains a group of highly trained and qualified Parent Mentors across the state who are available to assist parents and families in the transition planning and implementation process, including connection to adult and community services.

O. Implemented Ohio's Medicaid Buy-In for Workers with Disabilities (MBIWD) Program

In April 2008, the Ohio Rehabilitation Services Commission estimated that more than 2 million, or one in five Ohioans, have disabilities. However, the vast majority of Ohioans with disabilities are unemployed. In fact, the employment rate among Ohioans with disabilities is 37 percent compared to 80 percent for workers without disabilities. Many individuals with disabilities want to work and may have opportunities to work, but don't pursue them for fear that increasing their income and savings might cause them to lose their Medicaid health care coverage.

The Medicaid Buy-In for Workers with Disabilities (MBIWD) program was authorized in Amended Substitute House Bill 119 the 2008-2009 biennial budget. The program allows workers with disabilities to maintain Medicaid coverage while they are working earning income and establishing savings. After income deductions, MBIWD enrollees may earn up to 250 percent of the federal poverty level. Participants may also accrue savings of up to $10,000, a threshold which will be adjusted annually. MBIWD participants with incomes above 150 percent of the federal poverty level may pay a monthly health care premium for their Medicaid coverage. MBIWD encourages and supports Ohioans with disabilities to work and be promoted without risking the loss of Medicaid health care coverage. Currently, over 3,500 consumers, between the ages of 16-64 years, are enrolled via this new eligibility category.

P. Expanded Adult Day Services and Vocational Habilitation Providers

Ohio has expanded community choices by increasing the number of providers of Adult Day Services and Vocational Habilitation. Since the end of calendar year 2007, an additional 335 community providers have been certified to offer adult day support, vocational habilitation and/or supported employment for individuals with developmental disabilities.

Q. Provided employment assistance for Ohioans with disabilities

The Ohio Rehabilitation Services Commission (RSC) assisted 50,418 Ohioans with disabilities in working toward their employment goals. In spite of higher unemployment and economic downturns, 7,322 Ohioans with disabilities obtained or retained competitive employment through RSC in Federal fiscal year 2009 (October 1, 2008-September 30, 2009).

R. Improved Employment initiatives

The Office of Governor Strickland convened an interagency group in early 2008 to look at disability services and opportunities for service coordination across Ohio. From that large workgroup, five small workgroups were developed to concentrate on the following specific employment related issues for individuals with disabilities including:

1. Improvements in the Transition Plan process (focused on transition from school to work);
2. Improvements in the understanding of Medicaid buy-in;
3. Improvements in the process of serving people with disabilities through One Stops, particularly focused on people with mental illness and substance abuse issues;
4. Improvements in the integration of Vocational Rehabilitation counselors in Mental Health facilities; and
5. Increased access to the Rehabilitation Services Commission's services for people with chronic disabilities, particularly people with developmental disabilities.

In addition to the work that is underway in the workgroups listed above, listed below are programs that allow individuals the opportunity to work without losing their health care and that will assist individuals with locating employment.

a. Improving Ohio's One-Stop System

The mission of the One Stop System is "to offer coordinated workforce development and direct customer service to employers and job seekers - at one accessible location - to promote ongoing regional economic development through effective partnerships."

Ohio's One-Stop System consists of 90 sites throughout the state with at least one facility in each county. Facilities may be of a Level One or a Level Two status.

A Level One status is a facility that meets minimal requirements for services:

- A resource room with internet capability;
- Ability to provide core employment and training services to the universal customer; and

- A minimum of three separate resource and cost sharing partner agencies contributing to the site operations.

A Level Two status is a comprehensive, full service site that has nineteen (19) mandated partners and provides a full array of core, intensive and training services. All sites are certified on a periodic basis by the state, currently through the Gold Standard Continuous Improvement Program (One-Stop System Quality Assurance and Certification). This program includes benchmarks and critical success factors that gauge the quality of services and the facility being reviewed.

The Gold Standard Program requires: (1) all sites being reviewed and approved for ADA compliance and this is done in partnership with the Ohio Rehabilitations Services Commission (ORSC), and (2) all sites are required to have a minimum of one fully functional ADA workstation, scanners with the ability to translate written materials, and interpretive services (TTY, Language Access).

b. The creation of meaningful employment opportunities for individuals with developmental disabilities

- The Futures Committee identified the following priorities to increase employment options for individuals with developmental disabilities: The collaboration with private and public entities to enhance employment options; maximize incentives such as Medicaid Buy-In, tax credits and wage options for employees and employers; and find ways to make community employment a priority and improve school-to-work transition.
- The DODD developed a regional school-to-work transition model for young adults and selected two school districts, Claymont in Tuscarawas County and Huber Heights in Montgomery County, to participate. Work with the districts began in April 2009. Plans are underway to add a site in Toledo. Fifty-eight individuals per year will benefit from these three combined projects.
- The DODD secured funds through a Medicaid Infrastructure Grant which will be used to train service providers to engage employers and to develop a Medicaid Buy-In tool kit. Funds will be used for benefits counseling and asset development. The DODD plans to award mini-grants to support projects that improve employment opportunities for people with disabilities.
  The DODD is working with the Governor's Office and other agencies to expand employment opportunities for individuals with disabilities. Initial work has focused on comprehensive data collection.

S. Continued Working towards Expediting SSI and Medicaid

The Ohio Department of Mental Health initiated a pilot project in May, 2008, as part of its Transformation State Incentive Grant (TSIG), to address the issue of delays experienced by mental health consumers in the processing of SSI and Medicaid applications. ODMH has worked with the Ohio Rehabilitation Services Commission (RSC), the Social Security Administration (SSA), and selected pilot community mental health provider organizations to develop model procedures for the provider organizations to use in submitting

medical evidence to RSC at the time the application is submitted. These procedures are only applicable to adults with severe and persistent mental illness. The results of the pilot showed that where the screening criteria are applied properly and where the procedures are followed, the project was successful in achieving the desired state of 15-20 day processing time at the RSC. The processing of the Medicaid application in this project relies on the SSI award to verify disability as opposed to the development of medical evidence by the county and state Medicaid programs. Following the conclusion of the pilot in June, 2009, ODMH has enrolled more than 25 additional agencies in this project. These additional agencies and the initial pilot agencies serve a majority of the adult clients in the state with severe and persistent mental illness. The expediting procedures have been incorporated into the development of the Benefit Bank SSI module, the first application in the country to automate the SSI process, including the development of medical evidence. This new tool is being piloted on several agencies and will be rolled out statewide in the future.

T. Implemented Ohio's Intensive Home and Community Based Treatment (IHBT) Grants SFY08-09

As a component of the Access to Better Care (ABC) Initiative, these grants from ODMH were awarded to fifteen ADAMH or community mental health boards in partnership with a community mental health agency that provided intensive home and community based mental health treatment to youth with serious behavioral / emotional disturbances who were at high risk for out-of-home placement because of their behavioral and emotional challenges. The grants totaled $1.4 million dollars over eighteen months from January 2008 through June 2009.

These grants served 394 youth and their families and, 86% of the youth remained in their homes and communities. The youth with school disciplinary problems decreased from 68% to 49%, and the youth getting passing grades in school increased from 65% to 77%. The number of youth arrested decreased by 50%, the number on probation decreased by 50%, and the number detained by law enforcement decreased by 47%. The number of youth experiencing functional impairments due to use/abuse of alcohol or drugs decreased dramatically: from 24% of the youth down to 4% of the youth. At the conclusion of services, the youth, parents and treatment providers reported significant decreases in the severity of problems, and significant improvements in the functioning of the youth who received IHBT services.

U. Implemented Medicaid Access Improvement for Individuals Leaving Correctional Institutions

Medical care for individuals in state operated facilities such as correctional institutions is ineligible for federal Medicaid reimbursement. Therefore, when an individual is released and needs medical care, behavioral health services or prescriptions, these services were not readily accessible to this population. As a result, in August 2008, the RoMPIR (Reinstatement of Medicaid for Public Institution Recipients) project was initiated at the request of Governor Strickland to explore the challenge of suspending rather than terminating Medicaid benefits so that individuals who had Medicaid when they entered an institution could quickly obtain medical coverage when released. This new policy provides for suspension rather than termination of Medicaid benefits for persons entering certain public institutions in Ohio. The policy is applicable to persons entering adult and youth correctional facilities, as well as state psychiatric hospitals,

who are subsequently discharged within one year. The policy has been implemented on a manual basis, and will be automated before the end of calendar year 2009. With the manual process the Medicaid coverage is activated in about a week versus the previous process to reapply for Medicaid, which could take several months. The automated process will shorten this timeframe to less than 72 hours. As of November 2009, a secure web application is now available for institution staff to notify County Department of Job and Family Services' when an individual on Medicaid enters a public institution and when they are released.

Disability can occur at any age. Data indicates that elderly individuals are more likely to present one or more signs of disability. However, in the Cornell University 2007 Disability Status Report for Ohio, it states that a prevalence of disability can and does occur before birth. Ohio has taken great strides in developing multiple Medicaid home and community-based waivers to care for individuals who are elderly and/or have disabilities. The Strickland Administration has taken great strides to care for individuals who are low-income and eligible for Medicaid waivers, however, not all Ohioans who are disabled qualify for Medicaid. This portion of the plan highlights programs that are offered by the state to individuals who may or may not qualify for Medicaid services.

A. ODADAS Fetal Alcohol Spectrum Disorder Initiative

ODADAS' fetal alcohol spectrum disorder initiative is an intersystem collaboration and education initiative designed to raise public awareness about fetal alcohol spectrum disorder being a 100% preventative condition. Public service announcements have been produced and are available through the social marketing campaign component of the initiative. Ohio's mission is to establish efficiency in state systems resource allocation, coordination of services and augmentation of available resources to address fetal alcohol spectrum disorder. The Fetal Alcohol Spectrum Disorder Steering Committee developed a strategic, implementation and evaluation plan to address the key findings. The plan has five goals:

- Increase the availability of services for those already affected by fetal alcohol spectrum disorder and for parents and other caregivers;
- Increase awareness regarding the risks associated with alcohol use during pregnancy;
- Provide fetal alcohol spectrum disorder -specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of fetal alcohol spectrum disorder;
- Adopt appropriate fetal alcohol spectrum disorder screening tools and protocols and increase access to screening; and
- Create and implement a data tracking system to track fetal alcohol spectrum disorder risk factors, prevalence, and incidence in Ohio, and measure progress toward reaching the other four goals.

B. Early Intervention

Early intervention services focuses on supporting parents and caregivers in their own homes and communities, and in ways that are functional and fit into the everyday rhythms and patterns of family life. Early Intervention (Part C of IDEA) services must be delivered in a manner that supports these principles (family centered and supportive, integrated and functional, and within the child and family "natural environments").

To that end, the Ohio Department of Developmental Disabilities and the County Boards of Developmental Disabilities have been researching and providing trainings using the latest national research in evidence based early intervention practices. County Boards of Developmental Disabilities, which in 2008 contributed over $100 million of services to the early intervention system and directly served nearly 10,000 Part C eligible children and their families, are increasingly offering early intervention services in the family's natural environments, including homes, childcares, parks, grocery stores, and libraries. Ohio is taking a leadership role in moving from a system that focuses primarily on the child, to one that focuses on the needs of the family in supporting the young child, and in providing those services through trans-disciplinary teams.

C. Help Me Grow

Help Me Grow is administered by the Ohio Department of Health. It is a coordinated, community-based infrastructure that promotes trans-disciplinary family-centered services for expectant parents, newborns, infants, toddlers and their families. It is supported by federal funds awarded to the Ohio Department of Health as well as state General Revenue funds. These funds are dispersed to the 88 counties of Ohio's County Family and Children First Councils to implement this system of services for infants and toddlers in Ohio.

The goal of Help Me Grow is to assure that newborns, infants and toddlers across Ohio have the best possible start in life. Local Help Me Grow programs provide services that:

- Identify children with or at risk for developmental delays or disabilities;
- Provide screenings for health, hearing, vision and development;
- Provide parents with information about their child's social and emotional development that lays the foundation for later school success;
- Assure that parents have information on the importance of early childhood immunizations and routine pediatric health care;
- Link children and their families with local services that support them in improving their child's developmental and health status; and
- Connect children at age three with appropriate services.

Help Me Grow Part C

Help Me Grow Part C serves children age birth through age two who have a developmental disability or developmental delay. Five areas of development are evaluated and assessed upon entry into Help Me Grow, which include cognitive (how infants and toddlers think and process information), communication (how infants and toddlers receive and express to communicate), physical, social/emotional (mental, behavioral, emotional health), or adaptive (how infants and toddlers do for themselves) developmental domains. In State Fiscal Year 2009 (July 1, 2008 – June 30, 2009), 27,107 children were served in the Help Me Grow Part C program.

Help Me Grow At Risk

The purpose of the Help Me Grow at Risk program is to provide home visiting services and to provide linkages to community supports for infants and toddlers and their families so as to prevent the children from developing developmental delays. In order to be eligible for the At Risk program, infants and toddlers must have at least 4 risk factors present. Most children became eligible for the At-Risk programming within Help Me Grow due to low income or demographics, for example: a parent has less than a ninth grade education, neither parent is currently employed, or there is only a single (i.e., separated, widowed, divorced, never married) parent caring for the child.

In State Fiscal Year 2009, 35,081 children were served in the Help Me Grow at Risk program.

Future Plans

In his 2009 State of the State address, Governor Strickland laid out his vision for Ohio's early childhood administrative structure, "To better serve our youngest learners and help them thrive in school and in life, we will unite all of our early childhood development programs and resources into the Department of Education. This comprehensive early childhood system will focus on the whole child and provide quality early learning and care while improving our efficiency and effectiveness".

The Center for Early Childhood Development (CECD) will be housed at the Ohio Department of Education. Help Me Grow is slated to move to the Center in the near future.

Success Story

A single immigrant woman began working with a bilingual Help Me Grow home visitor while in her second trimester month of pregnancy. Since the woman had not received any prenatal care, the home visitor linked her to a nearby clinic that provided prenatal care on a sliding fee basis and also offered free transportation to and from the doctor visits. As the woman progressed in her pregnancy, the home visitor began educating her on the items she would need once the baby arrived such as clothes, crib, diapers, etc. Using a small doll, the home visitor also taught the woman how to care for an infant by practicing how to bathe, feed, and play with the baby.

The home visitor emphasized the importance of talking and singing to the baby as a way to bond with the newborn and encouraged the parent who was illiterate in two languages to look at picture books with the baby and to point out and name the pictures using her native language and dialect. The young woman had her child and with the continued support of the home visitor has demonstrated appropriate care and bonding with the baby. The baby is developmentally on track per recent developmental screening.

Success Story

Help Me Grow received a referral for a young boy recently diagnosed with autism. The family was overwhelmed about the potential 35-40 hours per week of intensive therapy and expense involved with the diagnosis. The Help Me Grow Service Coordinator was able to link the family immediately with a few local resources that would help off-set the cost of therapy, the County Developmental Department, and the Play and Language for Autistic Youngsters (P.L.A.Y.) program. The emphasis of these services is on training parents to engage the child and further their social and emotional development. After several months of working with the family, the child has transitioned from Help Me Grow but continues to make progress.

D. Bureau for Children with Medical Handicaps (BCMH)

BCMH promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers. Major components of the program include:

- Conducting quality assurance activities to establish standards of care and to determine unmet needs of children with handicaps and their families;
- Promoting and supporting the concept of a medical home for all children with special health care needs;
- Supporting service coordination for children with selected diagnoses;
- Collaborating with and funding public health nurses and local health departments to assist in increasing access to care and coordinating services at the local level;
- Funding services for the diagnosis and treatment of medically eligible conditions; and
- Assisting families to access and utilize appropriate sources of payment for services for their children.

For more information about this program please visit:
http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Success Story

For years BCMH has supported quarterly meetings with young adults, in three locations in the state, to learn from them about the issues youth face as they transition to adult life. One of the BCMH Youth Advisory committee is a 25 year old young man from Cleveland. This young man has been working very limited hours at Cleveland Clinic in the patient registration office for the Rehabilitation hospital. The young man has cerebral palsy and uses a wheelchair. He is on a home care waiver, but also receives some services from Department of Developmental Disabilities.

Cleveland Clinic offered to increase the work hours, but the young man and his parents were afraid of losing needed medical benefits and wavier services. The family was not concerned with the diminishing of Social Security benefit, but knew that keeping Medicaid coverage and waiver services were a must for this young man. With the encouragement and assistance of BCMH staff, this young man received counseling and is now enrolled in Medicaid Buy-In program for workers with disabilities. This young man can work more, earn more and still maintain Medicaid services and his waiver. The real success of this story is this young man has moved to his own apartment, is a working productive member of society and is proud of his independence.

E. Aging and Disability Resource Centers/long-term care consultations

Ohio's aging network through the Area Agencies on Aging operates the Aging and Disability Resource Centers (ADRCs). ADRCs are collaborative community partnerships with organizations that affect Ohioans who need quick access to information, services and supports without regard to age or income. The goal of an ADRC is to streamline to needed services and supports and to ensure that each portal a consumer contacts is the "right" one at the "right" place and time- a "no wrong door" approach. Recent passage of federal health care reform provides additional funding for ADRCs for a five year period and thus the concept of an ADRC will expand.

In addition, Ohio's PASSPORT Administrative Agencies provides "long-term care consultations". All Ohioans, regardless of age or income, are entitled to a free assessment of their individual needs for future long-term services and supports. The "long-term care consultation" process is designed to compensate the fact that few Ohioans think about and plan for the future need for long-term services and supports.

F. Ohio's Medicaid Programs and Services

Medicaid for the Aged, Blind or Disabled (ABD) is available to certain Ohioans to assist with medical expenses. ABD health care coverage consists of the primary and acute care benefit package and long-term care if a person has the required level of care need. Covered services include prescription drugs, home care, doctor visits, hospital care, laboratory and x-rays, medical equipment and supplies, dental care, transportation, mental health, vision services, long-term care, alcohol and drug rehabilitation and other services. At the end of November 2009, more than 476,800 consumers were receiving healthcare benefits in this service category.

Ohio provides Medicaid funding for eight waivers. These eight waivers are currently administered through the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Aging (ODA), and the Ohio Department of Developmental Disabilities (DODD). Each waiver targets unique population groups and serves these groups with a range of home care supportive services. The waiver program's cannot cover room and board, but do offer supportive services within the community environment.

WAIVER DESCRIPTIONS

The ODJFS-Administered Medicaid waivers are the Ohio Home Care, Transitions and Transitions II Carve Out waivers.

Ohio Home Care Waiver: Approved in 1998, the Ohio Home Care Waiver is a limited-enrollment, cost-capped program of home and community services for people with serious disabilities and unstable medical conditions who would be eligible for Medicaid coverage in a nursing home or hospital. The Ohio Home Care Waiver is available to consumers age 59 and younger with an intermediate or skilled level of care. The benefit package for this waiver consists of waiver nursing, supplemental transportation, emergency response, and home delivered meal services.

Transitions: Approved in 2002, the Transitions Waiver is a limited-enrollment, cost-capped program of home and community services for people who are eligible for Medicaid coverage in an intermediate care facility for people with developmental disabilities (ICF). Only people who were originally enrolled on the Ohio Home Care Waiver and have an ICF level of care are eligible for the Transitions Waiver, and the waiver has the same services, providers, and method of operation as the Ohio Home Care Waiver. This waiver is currently closed to new enrollment, with the exception to those individuals who desire to relocate from an institutional setting through the HOME Choice (Money Follows the Person Demonstration Grant).

Transitions Carve-Out: Approved by in 2006, the Transitions Carve-Out Waiver is designed to meet the needs of consumers who are age 60 and older. Eligibility criteria require having either an intermediate or skilled level of care need. This waiver is not open to new enrollees. An individual must first be on the Ohio Home Care Waiver and be "transitioned" to the Transitions Carve-Out Waiver program due to turning 60 years old. This waiver is currently closed to new enrollment, with the exception to those individuals who desire to relocate from an institutional setting through the HOME Choice (Money Follows the Person Demonstration Grant).

ODJFS also delegates responsibility for administering certain waiver programs and specialized services to two other state agencies. This allows partner state agencies to receive federal revenue for eligible programs and services they administer for their target populations.

The Ohio Department of Aging (ODA) administers the PASSPORT, Choices, and Assisted Living waiver programs.

PASSPORT: Approved in 1984 and operated statewide since 1990, the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) waiver provides services in home and community settings to delay or prevent nursing facility placement. PASSPORT serves individuals age 60 and older who have a nursing facility level of care and meet Medicaid financial eligibility standards. Services help preserve the independence of the individual, as well as maintain ties to family and friends. Recent improvements to PASSPORT include the addition of two new services: non-medical transportation and a community transitions service for those needing special one-time items to

successfully return from a nursing facility setting to community living. The community transitions service is also available in the assisted living waiver.

Choices: Approved in 2001, Choices is a consumer directed Medicaid waiver program that provides home and community-based services and supports to older Ohioans. Providers can be agency or non-agency professional caregivers or individual providers such as friends, neighbors or some relatives (spouses, parents, step-parents and legal guardians are ineligible). Choices serves individuals age 60 and older who have a nursing facility level of care and meet Medicaid financial eligibility standards. Choices is available to current PASSPORT consumers in the central Ohio, northwestern Ohio, and southern Ohio regions served by the Area Agencies on Aging based in Columbus, Toledo, Marietta and Rio Grande.

Assisted Living: Approved in 2006, the Assisted Living program provides services in licensed and certified residential care facilities (RCFs) to delay or prevent nursing facility placement. Assisted living promotes aging in place by supporting consumer desire for independence, choice and privacy. The services help preserve the independence of the individual, as well as maintain ties to family and friends. Participants must be age 21 or older and be a current nursing facility resident or on an existing Medicaid waiver; or have lived in an RCF on private pay for at least six months, have a nursing facility level of care and meet Medicaid financial eligibility standards.

Program of All-Inclusive Care for the Elderly (PACE) is not a Medicaid waiver, it is a managed care model that provides participants in specific geographic areas with all of their needed health care, medical care and ancillary services in acute, sub-acute, institutional and community settings. To be eligible for PACE, participants must be age 55 or older, live in the Cleveland and Cincinnati area and, if seeking Medicaid assistance, qualify for coverage under the institutional financial eligibility standards (participants can be private-pay) and have a nursing facility level of care.

The Ohio Department of Developmental Disabilities (DODD) is responsible for care provided in Intermediate Care Facilities for the Mentally Retarded (ICF/MR), and administers the Individual Options and Level One waiver programs.

Level I: Approved in 2002, the Level I Waiver is for people with mental retardation or other developmental disabilities who require the care given in an Intermediate Care Facility for the Mentally Retarded (ICFMR) but want to live at home and have a network of families, friends, neighbors and professionals that can safely and effectively provide the needed care. The cost for this help cannot be more than the Level I Waiver allows.

Individual Options (IO): Approved in 1991, the Individual Options Waiver, commonly referred to as the I/O Waiver, is an enrollment-limited, cost-capped program that allows people with mental retardation or other developmental disabilities to receive supports necessary to stay in their homes and prevent the need to live in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

G. Ohio Access Success Program

Since 2004, the Ohio Access Success Program (Success Project) has expanded Ohio's capacity to serve consumers with long term needs in the community by identifying individuals living in nursing facilities that want to live in a community-based setting and are able to do so safely and with proper linkages to community services and supports.

After taking referrals in a five-county pilot area, the Success project went statewide in February 2005. As of December 2008, 1,402 people have been referred to the Success Project and 461 people have relocated to community-based settings with assistance from the project. Additionally, more than 300 nursing facilities, as well as a number of other social service agencies and nursing home provider organizations, have been educated about the Success Project.

The Success Project directs those consumers who are ready to leave the nursing facility, but are unable to qualify for HOME Choice due to an insufficient length of time spent in nursing facility. The Success Project is also a valuable resource for those consumers who are not eligible for Medicaid when they leave the nursing facility or who do not need any waiver or home health services.

H. Services provided under the Older Americans Act

In addition to managing Ohio's Medicaid HCBS waivers for older adults, ODA is also the designated State Unit on Aging for Ohio and thus receives funds pursuant to the Older Americans Act (OAA). Funds received under the OAA are matched with state general revenue funds from the senior community services and Alzheimer's respite funding lines. While not all OAA services can properly be considered "long-term services and supports," OAA funds are used for home-delivered meals, respite supports, home repairs, and transportation. The National Family Caregiver Support Program, also funded through the OAA, provides caregivers of older adults and other services designed to ease the care-giving burden. Unlike Medicaid, there are no financial eligibility requirements to receive OAA funded services, though service recipients are asked to contribute a portion of the cost of each service on a sliding-fee scale basis (except for meals programs where such cost-sharing is prohibited by federal law). To be eligible, Ohioans must be age 60 or over. However, also unlike Medicaid, OAA funded services are not an entitlement and there is a waiting list for most services.

ODA distributes OAA and related state funds to each AAA based on a population formula. The AAA is responsible for determining which services it will fund, the amount of funding for each service, and chooses service providers through a competitive process. In an effort to better target scarce OAA resources, AAAs have established care coordination programs where consumers benefiting from multiple programs and services also benefit by having a care manager. This enables AAAs to serve those most in need of multiple services by reasons of either economic or service need. The goal of these programs is to serve those who are "near eligible" for Medicaid funded long-term services and supports.

In addition, ODA receives grant funding through the Administration on Aging to support several evidence-based health prevention and promotion programs. These are very specific interventions designed to assist those with chronic diseases (Chronic Disease Self-Management Program), who are susceptible to falls (A Matter of Balance, depression (Healthy IDEAS), or who simply need motivation to become more active as they age (Active for Life).

Ohio is one of a few states with a specific statute that allows local communities (largely counties) to pass property tax levies in support of senior services. As should be expected, the levies vary greatly in scope of services and the amount of funding generated ranging from small amounts of funding dedicated to support a specific senior center to larger levies in urban counties that support a system of services and supports using the PASSPORT model. These larger levies tie eligibility to those not meeting the strict guidelines for PASSPORT enrollment. Enrollment may be managed either through an AAA or through a county office on aging. As of the November 2008 election, 69 Ohio counties (and several townships and villages) have passed senior services levies. The economic value of these levies is $136 million, double the amount of ODA's OAA and state funding lines for non-Medicaid services.

I. Ohio's Independent Living Older Blind Program

The Independent Living Older Blind Program, managed by RSC, serves persons 55 years of age and older who are blind or have a significant visual impairment in Ohio. The program serves persons whose recent severe visual impairment/blindness makes competitive employment extremely difficult to obtain, but for whom independent living goals are feasible.

The program offers the following services/activities to persons in need of services. Services to help correct blindness, such as outreach services, visual screenings, the provision of eyeglasses and other visual aids, the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient, mobility training, Braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness, guide services, reader services, and transportation, any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services. In addition, other independent living skills training, information referral services, peer counseling, and individual advocacy training may be provided under the program.

In Federal Fiscal Year 2008 (latest available data), the program reported the following data:

- Total expenditures and encumbrances for direct program services $1,093,220.
- Total individuals served during the reporting fiscal year 2,972.

J. Personal Care Assistance Program

In 1981, the General Assembly enacted Am. S.B. 522 to establish the Ohio Personal Care Assistance Program, within RSC. The purpose of the program is to provide financial resources for personal assistance services to assist Ohioans with severe physical disabilities in the payment of wages for the provision of such services. Personal assistance services help a person with severe physical disabilities perform activities of daily living such as dressing, toileting, grooming, bathing, preparing food, feeding, turning, repositioning, transferring, giving medications, assisting with ambulation, etc.

The program provides services based on four main priority groupings, with the emphasis placed on providing services to individuals who are competitively employed. Participants who are not competitively employed receive assistance on a time-limited basis as indicated in the Administrative Rules. Priority one is for services to those individuals who need personal assistance services to maintain competitive employment, including home-based employment and self-employment. Priority two is for services to those individuals who are actively seeking employment. Priority three is for services to those individuals who are in an active training program with a goal of obtaining employment once training is completed. Priority four is for services to those individuals who need assistance to maintain independent living outside of an institution and who do not meet the criteria for the other three priorities. This priority level is closed to new participants and/or transition of participants from the other priority levels.

The Personal Care Assistance Program now includes 154 people with severe physical disabilities who are working, looking for work, or engaged in a training program. An additional 37 consumers are provided with funding to maintain their daily living activities. At present, there is no waiting list. Newly found eligible consumers will move into open slots immediately.

K. Ohio's Anti-Stigma Campaign

The Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health share an ongoing public awareness campaign entitled, "Think Outside the Stigma," which aims to eradicate public myths and misconceptions about addiction and mental illness. A Stigma Reduction Committee spearheaded by the Ohio Department of Alcohol and Drug Addiction Services created the "Think Outside the Stigma" tagline and the tagline and four message points were tested by more than 200 focus group participants in September 2007.

The following are the four key tenets from the initial 2007 campaign launch:

1) Alcohol and other drug addictions and mental illnesses are brain diseases;
2) Alcohol and other drug addictions and mental illnesses can affect anyone;
3) Alcohol and other drug addictions and mental illnesses are treatable; and
4) Individuals with brain diseases should not be discriminated against.

In 2008, the campaign received Congressional recognition with a bipartisan resolution. In 2009, the Cleveland Clinic and Cardinal Health began partnering with ODADAS to disseminate information and materials related to the campaign. ODADAS will be airing, in 2010, a radio Public Service Announcement (PSA) on the campaign.

L. Ohio's Stigma Buster

Eliminating stigma associated with mental illness and addiction is critical in ensuring that people seek treatment they need. The Ohio Department of Mental Health has supported Ohio NAMI in the national NAMI Stigma Busting Campaign. This stigma campaign seeks to build a network of dedicated advocates nationwide, including Ohio, who seek to fight inaccurate and hurtful representation of mental illness. They seek to educate society about the reality of mental illness and to break down barriers of ignorance, prejudice or unfair discrimination by promoting education, understanding and respect. The Stigma Buster includes a monthly electronic newsletter also. The primary purpose of the newsletter is to fight the stigma of mental illness by giving community leaders a forum to share their personal stories about how mental illness has helped improve their quality of life.

M. Ohio's Assertive Community Treatment (ACT)

Ohio's mental health system provides Assertive Community Treatment (ACT) to approximately 2,300 consumers served by 40 teams which actively engage persons with severe mental illness to assist them in finding housing and meet other basic life needs including health care. Ohio also has several forensic ACT teams which provide services to persons who have been released from prison and have severe mental illness and substance abuse histories that lead to a high risk of homelessness. Additionally, the Columbus and Dayton areas each have three teams that combine two evidence based practices ---ACT and Integrated Dual Diagnosis Treatment (IDDT) -- which address the needs of consumers who have severe substance abuse and mental illness. Ohio provided IDDT services to 4,781 consumers in State Fiscal Year 2009. Ohio also has more than 30 mental health and substance abuse courts that offer treatment alternatives to incarceration that may lead to services that may prevent homelessness.

Success Story

WA attributes his success partly to a local recovery-based church that "gave me hope and brought me down to earth when I was unable to do it on my own." WA had been gainfully employed for six months and was celebrating eight full months of sobriety, the last time the state checked in with him.

N. Ohio's Statewide Advocacy Organization, Ohio Consumer Operated Services Association (OCOSA) and Consumer Benefits Package Initiative

OEC is a statewide consumer-run advocacy organization that promotes self-directed care, recovery and resiliency for all consumers receiving mental health services or had these services in the past. OEC provides community resources statewide through networking, peer support, technical assistance to consumers living in the community and "job club" peer supports for consumers who become gainfully employed.

- Referrals to benefit counseling to assist with employment that will not affect consumers' benefits;
- Wellness Recovery Action Plan (WRAP) training that educates peers on triggers and how to be pro-active when symptoms occur;
- Building Recovery & Individual Dreams & Goals though Education & Support (BRIDGES) training to educate consumers on the system and their mental health diagnosis; and
- Advance Directives training that allows consumers to prepare in advance how they want to be treated if they become ill and have to be hospitalized.

ODMH also funds a new initiative called Consumer Operated Readiness Initiative (COSRI). The COSRI initiative is funded through the transformation grant and partners with Consumer Operated Services (COS) and Peer Support Leaders to achieve on-going funding stability through the development of benefit service packages for peer services. OEC networking activities assist consumers with housing and employment issues upon request. This assistance may include referrals to employment, benefits counseling, local housing authorities and housing developers.

All of these resources enable consumers to become self-directed in their recovery in the community. They promote empowerment and hope for many consumers who believed they could never live independently in their local neighborhoods. This enhances the efforts of the Olmstead Initiative by offering resources that provide the supports consumers need to integrate and be part of a community living independently. Also, ODMH has initiated a new project funded through the transformation grant that partners with Consumer Operated Services/Peer Support Leaders to achieve on-going sustainability for Consumer Operated Service centers. The Consumer Operated Service leadership will design and develop a toolkit and training curriculum to position Consumer Operated Service centers and Peer-provided services for inclusion in the benefit service packages.

O. ODMH Housing Outcomes Performance Evaluation (HOPE)

In state fiscal year 2006, the required housing allocation for each Mental Health Board was removed from the allocation guidelines. This allowed for more flexibility at the local level given continued flat funding. As such, the Mental Health Boards, not ODMH, determined the amount of funding allocated for housing activities. Thus the Mental Health Boards were not required but highly encouraged to maintain level funding for HOPE related activities and continue to enter their HOPE information into the database.

The goal HOPE is to assist persons with mental illness obtain acceptable choices of permanent community housing and the recovery supports necessary to live in the community. HOPE funding supports two specific housing programs: Housing Assistance Program (HAP) and Supportive Housing Opportunities for Prosperity (SHOP).

The HAP is a temporary transitional rental subsidy program for consumers to obtain safe, decent and affordable housing until a permanent subsidy can be obtained. Permanent subsidy can be one of the following: obtaining a Section 8 voucher, home ownership and employment. It is measured by the number of households served which can include families. The HAP is for consumers who are able to live independently.

The SHOP activities support recovery through the provision of housing services and supports not eligible under HAP but assist the local mental health systems in meeting the goals and needs in accordance with their local board housing strategy. Less restrictive housing SHOP categories include supportive housing and Residential Care.

P. Ohio's Projects for Assistance in Transition from Homelessness (PATH)

The ODMH administers the Substance Abuse and Mental Health Services Administration (SAMHSA) PATH program. PATH's primary objective is to meet consumers where they are by providing outreach and engagement in natural environments as a way to help connect people with mental illness who are experiencing homelessness with mainstream services such as mental health, physical health, benefits, housing and employment. Decent, safe, and affordable housing options are presented to clients. All service components of the PATH program aim to assist clients to successfully live in the least restrictive and safest environments possible, while maximizing choice, self-determination and independence. Related to housing, PATH funds can be used for such services as security deposits and one-time rental payments.

PATH is a formula grant program which seeks to eliminate homelessness for people with serious mental illness by connecting persons currently unknown to the mental health system to mental health services. In addition, a small percentage of PATH funds can be used to pay for housing costs (e.g. first month's rent or security deposit). Eleven counties in Ohio have PATH programs which provide outreach services to this population. Most PATH programs are located in urban communities within the state.

Q. Forensic Community Linkages

The ODMH, Office of Forensic Services, implements a community linkage program, specifically providing staff the opportunity to work in the prisons. The linkages staffs meet with and provide reentry linkages to individuals with mental illness leaving prison. The Office of Forensic Services is in the process of beginning an expedited SSI project for the mentally ill population leaving prison. By having the appropriate community aid connections when they leave prison, these individuals will more likely remain psychiatrically stable, therefore preventing further incarceration and/or hospitalization due to decomposition of their mental illness.

R. Community Psychiatric Supportive Treatment (CPST)

The ODMH's Community Psychiatric Support Treatment (CPST) service provides an array of services delivered by community based mobile individuals or multidisciplinary teams of professionals. Services address the individualized mental health needs of the client. The intent of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services are focused on the individual's ability to succeed in the community' to identify and access needed services; and to demonstrate improvement in school, work, and family integration with in the community.

S. ODMH Community Capital for Housing

The ODMH makes available state capital funds (bond revenues) which can be used for capital costs related to housing for persons with severe mental illness. ODMH partners with boards that may use these funds in accordance with their local capital plan, to purchase, renovate and/or construct housing for persons with mental illness. ODMH can fund up to 75% of the total approved costs of a housing project, and in turn places a forgivable mortgage on each capital project for a term not to exceed 40 years (this will change to 30 years beginning on July 1, 2010.)

T. ODMH Match Funding for Ohio Department of Development (ODOD) Homeless Assistance Grant

ODMH offers match funding to local providers applying through ODOD's Homeless Assistance Grant for Direct Housing, Permanent Supportive Housing and Transitional Housing. To qualify for ODMH match dollars, the program must target persons with severe mental illness and must have local mental health board support. Due to funding limitations, applicants cannot request more than one-half of the ODOD local match requirement and no applicant can receive greater than $50,000 in match funding. These dollars help local communities expand housing options, consequently expanding choices for consumers.

U. Match Funding for U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Grant

ODMH offers match funding for HUD CoC programs with capital costs up to $300,000. To qualify for ODMH match money, the program must target persons with severe mental illness and must have local mental health board support. Additionally, all such requests must be written into the local mental health board's capital plan for the biennium in which the funding is being requested.

V. High Quality Supportive Housing for Consumers

This initiative was formerly known as the Mental Health Housing Leadership Institute (MHHLI). The initiative is funded by ODMH and operated by NAMI Ohio. This initiative provides free consultative services to local mental health boards and communities to assist them with planning, development and preservation of housing for persons with severe mental illness. NAMI Ohio was funded for this initiative through June, 2009. The Corporation for Supportive Housing (CSH) is currently being funded to provide these housing activities through 2010.

Additionally, CSH is currently funded to provide the "Opening Doors" Institute through 2010. Opening New Doors helps non-profits learn how to navigate the complex process of developing housing with support services. Opening Doors provides targeted training, technical assistance, and pre-development financing options to housing development teams. Teams receive over eighty hours of training as well as individualized technical assistance and resources to aid in completing their project. The Institute is comprised of eleven training sessions focusing on partnership development, project concept development, funding and financing, community support, service planning, and property management. The Institute's goal is for teams to have projects ready for development funding.

W. Housing Tax Credit Program

Over the past 20 years the Ohio Housing Finance Agency (OHFA) has supported the development of housing for persons with special needs through the Housing Tax Credit Program. These federal tax credits generate capital from private investors for the development or rehabilitation of affordable rental housing. OHFA provides a pool of credits dedicated to permanent supportive housing. Projects serving people that are homeless or those at risk of homelessness due to their severe mental illness, developmental disability, severe addiction disorder, or co-occurring disorders, are eligible for these credits.

In 2009, the Agency made awards of more than $26 million in Housing Tax Credits for 38 developments across Ohio. Among these were 27 proposals that would benefit seniors, residents with severe or persistent mental illness, young women leaving foster care and homeless persons. In central Ohio, National Church Residences will focus on providing 50 units for homeless persons through the development of the Commons at Livingston. After receiving $550,000 in 2009 Housing Tax Credits, this property will serve as a place to call home for veterans and others.

X. Housing Development Gap Financing

The Ohio Housing Financing Agency also provides financial support to properties for person with special needs through the Housing Development Gap Financing program. The Ohio Housing Trust Fund (OHTF) finances this program and in 2008, OHFA awarded $750,000 in OHTF funds for the construction of Cardinals Peak in Cuyahoga County. The property features 15 units for single individuals diagnosed with a chronic mental illness.

Y. Housing Investment Fund

The Housing Investment Fund (HIF) was created to address affordable housing issues as determined in the OHFA Annual Plan. Two of the recommendations outlined in the plan focused on making available accessible housing to those with special needs. OHFA awarded nearly $4 million in low-interest loans and grants to eight proposals through the HIF in April 2009. One of the recipients, the Corporation for Supportive Housing, received more than $1 million in grants and loans to provide training opportunities, technical assistance and predevelopment loans to sponsors that would lead to the creation of 450 units of permanent supportive housing.

Z. Ohio's Independent Living Centers

The Ohio Statewide Independent Living Council (SILC) is committed to promoting a philosophy of consumer control, peer support, self-help, self determination, equal access, and individual and systems advocacy, in order to maximize leadership, empowerment, independence, productivity and to support full inclusion and integration of individuals with disabilities into the mainstream of American society.

Established in 1992 by amendments to the Rehabilitation Act of 1973, the Ohio Statewide Independent Living Council (SILC) has eleven governor-appointed council members from Ohio's disabilities community.

The Ohio SILC is an independent agency created by the Governor's Executive Order and legislatively recognized in the Ohio Revise Code 3304.50. The SILC and Centers for Independent Living is fiscally housed in the Ohio Rehabilitation Services Commission budget at the Governor's discretion. The Centers for Independent Living are community based, consumer controlled, not for profit organizations that serve persons of any age with disabilities in approximately 40 counties in Ohio.

The Independent Living Centers focus on housing, transportation, access surveys, assistive devices, youth, voting, and general information efforts. Centers support individuals in returning to the community who no longer wish to reside in a nursing facility.

Future Plans

- Council's for Independent Living Centers are actively pursuing ways to provide independent living services to areas of the state at present not covered by a center; and
- Independent Living Centers are developing relationships with state Area Agencies on aging through a grant to the Ohio Department of Aging to provide independent living services to assist Ohioans with various disabilities to remain in the community rather than needing to turn to costly nursing facility care.

AA. DODD Capital Housing

The Ohio Department of Developmental Disabilities (DODD) makes available state capital assistance (bond) funds to assist local County Boards of Developmental Disabilities in purchasing housing for individuals receiving Supported Living services, or Supported Living services funded through Home and Community Based waivers. The goal of the program is to provide housing options in their own communities that allow people with disabilities to be as fully integrated and independent as possible.

BB. Expanding community living options

Ohio received Community Capital Assistance dollars for County Boards to expand community living options through the purchase and renovation of existing homes.

The Department of Developmental Disabilities makes available state capital assistance (bond) funds to assist local County Boards of Developmental Disabilities in purchasing housing for individuals receiving Supported Living services, or services funded through Home and Community Based waivers. The goal of the program is to provide housing options in their own communities that allow people with disabilities to be as fully integrated and independent as possible.

The process for accessing Capital Housing dollars is governed through DODD administrative rule 5123:1-1-03. Typically, County Boards of Developmental Disabilities establish non-profit housing corporations to receive the funds, and match them with other funding sources. Existing homes in the community are then purchased with these dollars for individuals with developmental disabilities, often with their active involvement.

Capital housing dollars are allocated to counties through an established formula based on available funds. The funds can be used to purchase, renovate or provide environmental modifications to make the homes more accessible.

The 2007 Martin Settlement called for the expansion of community residential services for individuals who are disabled.

As a result, the Martin Settlement set aside additional dollars from the Capital Budget for distribution to county boards of developmental disabilities for participation in the Capital Housing program.

- Housing Purchases Expenditure since FY 2007 is $4,843,725.00;
- Accessibility Expenditures since FY2007 is $476,247.00;
- Renovation Expenditures for FY 2009-2010 are $311,185.00; and
- Martin Housing and Renovation Expenditures to-date $7,977,487.00.

Additionally, Ohio's Area Agencies on Aging, through the Housing Trust Fund, provide home modifications for older adults with mobility disabilities. Furthermore, the Trust Fund provides Resident Service Coordinators in several subsidized housing settings throughout the state.

CC. Ohio's Supported Employment Coordinating Center of Excellence

The Ohio Supported Employment Coordinating Center of Excellence (Ohio SE CCOE) was created in July 2005 as a partnership between Case Western Reserve University and the Ohio Department of Mental Health. The Ohio SE CCOE is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people with mental illness.

Evidence-based practices are service models that research has demonstrated to generate improved consumer outcomes, program outcomes, and service systems outcomes. Research shows that organizations which maintain fidelity to the original design of Supported Employment (SE) achieve and sustain the best outcomes. The SE CCOE helps service systems, organizations, and providers implement and sustain the SE model, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families.

The SE CCOE is providing technical assistance for SE to community mental health agencies throughout the State of Ohio which are located in a variety of communities (e.g. urban, suburban, and rural districts). SE is an evidence-based practice that helps people with severe symptoms of mental illness identify, acquire, and maintain competitive employment in their communities. SE is assertive about helping people find the work they want as soon as they express the desire to work. The model facilitates systems change, organizational change, and clinical change. There are seven core principles that make the evidence-based Supported Employment model different from other vocational programs:

- Zero Exclusion Policy;
- Consumer Preferences;
- Rapid Job Search;
- A Competitive Job is the Goal;
- Employment is Integrated with Mental Health Services;
- Time-Unlimited Support; and
- Personalized Benefits Planning.

Between July 1, 2006 and December 31, 2009, 1,714 persons with severe and persistent mental illness have achieved competitive employment as a result of participating in an evidence-based Supported Employment program at a community mental health agency.

DD. Business Enterprise Program

The Business Enterprise Program (BEP) administers the federal Randolph-Sheppard Act for the purpose of providing entrepreneurship opportunities for persons who are blind. Ohio's BEP has 114 businesses statewide with 112 licensed operators managing these businesses. Gross sales generated from these businesses were $18,068,007 in FFY 2009 and the average licensed operator reported an income of $42,311.

Future Plans:

- Operators using the Ohio Business Gateway Electronic reporting for sales, profits, and program payments replacing paper filings and reducing staff time;
- Web based program training for licensure of eligible consumers;
- Increase in the number of businesses in the program through expansion into additional University and College Campuses; and
- Exploring new business ventures.

EE. Ohio's Long Term Care Insurance Partnership

It is important for all Ohioans to understand the need for planning for future long-term care needs.

In Ohio, the average cost of long-term care is as follows:

- $67,058/year for a private room in a nursing home;
- $60,251/year for a semi-private room in a nursing home;
- $29,738/year for care in an assisted living facility (private, one bedroom);
- $51,714/year for a license, Medicare-certified home health aide (50 hours per week); and
- $44,122/year for homemaker services (50 hours per week).

The assumed average stay in a nursing home is 2.5 years. The average length of time for informal or custodial care in the home is 4.3 years.

The Ohio Department of Insurance partnered with the Ohio Department of Job and Family Services to develop the Ohio Long Term Care Insurance Partnership (effective September 2007). To encourage long term services and supports planning, Ohio entered into a cooperative agreement with the U.S. Department of Health and Human Services (HHS) "Own Your Future" Campaign in December 2007. Governor Strickland announced the campaign through a public release followed by radio announcements and a series of forums around the State in the Spring/Summer of 2008.

The Ohio Long Term Care Insurance Partnership was created to encourage Ohioans to plan for their long-term health care needs. If an Ohioan purchases a qualified partnership policy, they will gain coverage for long-term care services which will provide them with choices about their long-term care. Ohioans without a partnership policy who need Medicaid long-term care services must deplete almost all of their assets to qualify for the Medicaid program. Visit http://www.ltc4me.ohio.gov for more information about Ohio's long-term care partnership program.

The Ohio Long Term Care Insurance Partnership initiative continues. Outreach about the initiative occurs continuously through various sources. The Ohio Senior Health Insurance Information Program (OSHIIP) continues to provide information on the Partnership program. The Ohio Department of Job and Family Services (ODJFS - Medicaid) provided training and outreach materials to OSHIIP during this reporting period. ODJFS-Medicaid also provided training in June 2009 to County Departments of Job and Family Services eligibility staff.

VII. How will Federal Health Care Reform impact Long-Term Services and Supports in Ohio?

Ohio's long-term care strategies are obligated to operate in the context of federal policy. For example, Ohio, like most states, has struggled to balance its efforts to improve community long-term care options with the institutional bias in federal Medicaid policy. The federal Centers for Medicare and Medicaid Services (CMS) has to approve the Medicaid waivers that fund a significant portion of home and community-based long-term care programs in Ohio. Moreover, one requirement imposed in states is that these programs must be budget neutral compared to institutional care. Thus, changes at the federal level can greatly impact state strategies, in both positive and negative ways.

The Patient Protection and Affordable Care Act (PPACA) and the amendments made to it by the Health Care and Education Affordability Reconciliation Act (the Reconciliation Act) requires a major expansion of the Medicaid program, and also includes several provisions to promote and support state efforts to increase access to home and community-based services. Below are several examples of the long-term care provisions that will be implemented in the near and long-term future.

- Creates a new office within CMS responsible for coordinating care for dual eligibles, and provides a five year Medicaid demonstration authority to states to coordinate care for dual eligibles.
- Extends the Money Follows the Person grant for an additional five years, to 2016 and modifies the length of stay eligibility requirement from 180 days to 90 days opening the program up to additional persons in institutional settings.
- Allocates $50 million over five years to continue the Aging and Disability Resource Center initiatives.
- Allows states to offer home and community based services through a state plan amendment (SPA) rather than a waiver, for individuals with incomes up to 300% of the maximum SSI payment.
- Provides a targeted increase in the federal Medicaid match rate for five years to states that undertake reforms to increase nursing home diversions and access to community based services in their Medicaid programs.
- Establishes the Community First Choice Option in Medicaid to provide community-based attendant supports and services to individuals with disabilities who require an institutional level of care. This option would provides states with an enhanced federal match rate of up to an additional six percentage points for a five year period for reimbursable expenses.
- Establishes the Community Living Assistance Services and Supports (CLASS) program, a national, voluntary insurance program that will provide participating individuals with functional limitations a cash benefit to purchase non-medical services and supports necessary to maintain community residence. The program would be fully-financed through voluntary payroll deductions.

As mentioned earlier in this Plan, the Operating Budget for State Fiscal Year's 2010-2011 was developed during one of the most devastating economic downturns in recent history. Strategic funding mechanisms were introduced to balance the budget, as Ohio is required to operate on a balanced budget pursuant to the Ohio Constitution. A substantial increase in federal Medicaid assistance (FMAP) enacted through the American Recovery and Reinvestment Act (ARRA) enabled the Medicaid agencies to avoid cuts in benefits or enrollment for this biennium and helped to sustain community supports. However, as described below, several agencies experienced reductions in state funding. And all of the agencies are now already in the planning stage for the next biennial budget driven in part by the assumption that the increased FMAP will not continue.

In light of the current economic situation, the Department of Developmental Disabilities created a fiscal plan for their Home and Community-Based Waiver Services that includes the following recommendations:

- Improve the developmental disability community's ability to increase the number of individuals receiving some level of service;
- Sharpen the effectiveness of current cost management features of the waivers, while affording healthy and safe choices for individuals and families;
- Create additional waiver options to meet the varying and changing needs of many individuals and families, especially those still waiting for wavier-like services;
- Reduce disparities in direct care wages across service settings; and
- Provide systemic tools to help the system confront the certainty that the future will include significant economic constraints.

The recommendations in their fiscal plan are the means for accomplishing these goals.

As a result of fiscal challenges, including reductions in General Revenue Fund (GRF) and mental health block grant funding, the Department of Mental Health (ODMH) has begun to:

- Prioritize core mental health services with safety and security being at the forefront;
- Facilitate recovery and resiliency through peer support activities through local continuums of care;
- Fiscal Officers are using the risk assessment model to monitor fiscal conditions of local mental health systems;
- The Forensic office will continue to work with the boards to assure that forensic monitoring is occurring, assuring the reports are accurate and up-to-date to identify any noticeable trends;
- Continue to establish and maintain a variety of Supportive Housing Options; and
- Continue to fund High Quality Supportive Housing Initiative.

In addition, in collaboration with the Department of Alcohol and Drug Addiction Services (ODADAS), ODMH is proceeding with the following as outlined in a March 2009 system sustainability plan:

- Provide quality incentives to providers through implementation of a fee schedule;

- Create a support structure that promotes accountability and fiscal planning;
- Develop a framework for core services – treatment, prevention and recovery support – that allows consumers appropriate availability and quality;
- Establish benefit packages to target resources to those most in need;
- Expand use of technology for efficiency and transparency; and
- Decrease administrative burdens and increase flexibility through deregulation.

Also, both ODMH and ODADAS have applied for and received waivers on Maintenance of Effort requirements set by the federal government. This has allowed for continued federal funding at a level comparable to previous years.

Other challenges that state agencies are experience during these difficult economic times:

- Limited human resources make normal implementation activities difficult, e.g. meetings, advocacy, and outreach;
- Working with local public housing authorities and local housing providers;
- Lack of safe, decent and affordable housing and a limited amount of funding for housing; and
- Decreased availability of Section 8 vouchers (tenant and housing based).

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) is the Single State Medicaid agency, which is the largest funding source for state funded long-term care services and supports. As the Single State Medicaid Agency, ODJFS administers an extensive state plan benefit, the Ohio Home Care Waiver, the Transitions MRDD Waiver, the Transitions Care-Out Waiver (additional information about waiver programs can be found on pg. 42 of this Plan) and the HOME Choice Transition program and through interagency agreements oversees the management of the other Medicaid funded programs delivered by the Departments of Aging, Developmental Disabilities, Health, Mental Health, Alcohol and Drug Addiction Services and Education. ODJFS is also responsible for adult protective services and employment programs. For additional information about services that ODJFS administers please visit: www.odjfs.ohio.gov

Ohio Department of Aging

The Ohio Department of Aging (ODA) manages three Medicaid waiver programs, including PASSPORT, Choices, and the Assisted Living Waiver. PASSPORT provides care to elders in their own homes. Choices is a subset of PASSPORT which allows Medicaid reimbursement for the self direction of care, including choosing caregivers. The Assisted Living Waiver provides Medicaid funding for care in assisted living settings. The Department of Aging maintains contractual relationships with Area Agencies on Aging to manage various aspects of the PASSPORT and Choices programs. In addition to the three waiver programs, ODA is the state authority for the Program of All-Inclusive Care for the Elderly (PACE) which currently operates in Cincinnati and Cleveland. Through its federal Older Americans Act funding, ODA administers the National Family Caregiver Support Program in Ohio and has implemented an initiative funded through the Older Americans Act, in rural southern Ohio, to divert older Ohioans not eligible for Medicaid from being placed in a nursing facility. For additional information about services and programs offered by ODA please visit: www.aging.ohio.gov

Ohio Department of Developmental Disabilities

The Ohio Department of Developmental Disabilities (DODD) provides both institutional and community based Medicaid services. The department operates ten developmental centers which provide institutional services and in partnership with county boards of developmental disabilities, the department also manages two Medicaid waivers (Individual Options and Level One) which enable people with developmental disabilities to live in a community instead of an ICF/MR. For additional information about services that DODD administers please visit: www.dodd.ohio.gov

Ohio Department of Mental Health

The Ohio Department of Mental Health (ODMH), in partnership with county Alcohol, Drug Addiction and Mental Health boards, provides community mental health services to approximately 200,000 Medicaid consumers. These services include pharmacological management, community psychiatric supportive treatment, partial hospitalization counseling, psychotherapy, diagnostic assessments and crisis intervention. For additional information about the services and programs offered by ODMH please visit: http://mentalhealth.ohio.gov/

Ohio Department of Alcohol and Drug Addiction Services

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS), in partnership with local level Alcohol, Drug Addiction and Mental Health Services (ADAMHS) and Alcohol and Drug Addiction Services (ADAS) Boards, provide community based treatment services to more than 34,000 Medicaid consumers annually. Ohio's Medicaid program currently covers the following ten (10) treatment services provided in community settings: Ambulatory Detoxification, Assessment, Case Management, Crisis Intervention, Group Counseling, Individual Counseling, Intensive Outpatient, Laboratory Urinalysis, Medical/Somatic and Methadone Administration, through a network of ODADAS-certified treatment programs. For additional information about services and programs offered by ODADAS please visit: www.odadas.ohio.gov

Ohio Department of Health

The Ohio Department of Health (ODH) is responsible for enforcing health and safety standards in nursing facilities, residential care facilities and adult care facilities. The Division of Family and Community Health Services supports families and individuals to maintain their health status and remain active. The Bureau for Children with Medical Handicaps (BCMH) supports children with special healthcare needs and their families by providing access to medical services, local coordination of services by public health nurses and supporting the medical home concept. For additional information about services and programs offered by ODH please visit: www.odh.ohio.gov

Ohio Rehabilitation Services Commission

The Ohio Rehabilitation Services Commission (RSC) operates on a 3.69 to 1 federal/state match funding structure and provides job training and employment retention services and supports to individuals with disabilities. For individuals unable to work, the Bureau of Disability Determination (BDD) determines eligibility for Social Security disability benefits or Supplemental Security Income. RSC also administers the Personal Care Assistance program for Ohioans with disabilities and supports the Statewide Independent

Living Council, the Traumatic Brain Injury Advisory Council, and the Community Centers for the Deaf, and the Governor's Council on People with Disabilities. For additional information about services and programs administered and offered by RSC please visit: www.rsc.ohio.gov

Ohio Department of Education

The federal Individuals with Disabilities Education Act (IDEA 2004) requires, by law, that all children with disabilities in public Local Education Agencies (LEAs) have secondary transition plans as part of the Individualized Education Program (IEP) process beginning no later than age 16, or earlier if appropriate. This includes related secondary transition services and measurable post-school goals in the areas of employment, education and training, and independent living. The Department of Education is committed to continuously improving secondary transition planning for children with disabilities, parents, families, educators, and other stakeholders under the requirements in the IDEA 2004 and applicable Ohio law and rules. For additional information about services and programs offered by ODE please visit: www.ode.state.oh.us

Ohio Department of Insurance

The Ohio Department of Insurance (ODI) provides consumer protection through education and regulation while promoting a stable and competitive environment for insurers. Private long-term care insurance is an important, and growing, option for funding care. The department has staff available to answer questions about long-term care insurance and publishes a Shopper's Guide to Long-Term Care Insurance. For additional information about programs that ODI offers please visit: www.insurance.ohio.gov

Ohio Department of Development

The Ohio Department of Development (ODOD) Office of Housing and Community Partnerships manages the Housing Assistance Grant Program with the goal of improving conditions for low-income families and individuals. Through this program, nonprofit organizations can assist low-income families and individuals with emergency home repair or accessibility modifications, down payment assistance and homebuyer counseling. Funding for accessibility modifications is limited to $7,000 per household and is targeted to households at or below 35% area median income. Note: These funds are not granted directly to individuals, but to local nonprofit organizations. For additional information on this program or for a list of local nonprofits grantees that may be able to offer assistance, visit: www.development.ohio.gov/community/ohcp

Ohio Housing Finance Agency

The Ohio Housing Finance Agency's (OHFA) mission to "open the doors to an affordable place to call home" for all low- to moderate-income Ohioans provides the foundation for the creation and administration of Agency programs. Initiatives such as Housing Tax Credit Program, the Housing Development Gap Financing program, and the Housing Investment Fund, target the development or rehabilitation of housing for special needs populations. For additional information on these programs please visit: www.ohiohome.org