

THE STATE OF OHIO

OFFICE OF MEDICAL ASSISTANCE

BALANCING INCENTIVE PROGRAM APPLICATION



March 28, 2013



**Office of
Medical Assistance**

John R. Kasich, Governor
John B. McCarthy, Director

March 15, 2013

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-I4-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The State of Ohio respectfully submits the enclosed application for Ohio's participation in the Balancing Incentive Program (BIP). Ohio has long recognized the benefits to expanding consumer choice and increasing access to home and community-based services (HCBS). Participation in BIP supports these goals and reinforces the State's commitment to rebalancing long-term care services and expenditures.

In Ohio, BIP will be administered by the Office of Medical Assistance (OMA), which is Ohio's State Medicaid Agency. The State's successful implementation of BIP requires OMA to actively work with the Ohio Departments of Aging, Developmental Disabilities, Alcohol and Drug Addiction Services, Mental Health, and Health. The State will also work closely with regional and county organizations operating through Ohio's Aging and Disability Resource Network.

Ohio's current HCBS spending totaled more than \$3 billion in state fiscal year '11 (July 2010 through June 2011). As a result of the enhanced matching rate of +2% offered through BIPP, Ohio estimates that an additional \$70 million per state fiscal year will be made available to fund HCBS for the duration of the BIPP program.

The State of Ohio is enthusiastic about the opportunities created by BIP. The Principal Investigator and contact person for Ohio's BIP program is Kim Donica who works in OMA's Bureau of Long Term Care Services and Supports. If you have questions or concerns about Ohio's application, please do not hesitate to contact Ms. Donica at 614-752-3523 or by email at: Kimberly.Donica@medicaid.ohio.gov.

Sincerely,

John B. McCarthy
Medicaid Director

50 West Town Street, Suite 400
Columbus, Ohio 43215
ifs.ohio.gov

An Equal Opportunity Employer and Service Provider

Project Abstract and Profile

Like many states, Ohio is striving to streamline and modernize its Medicaid program. A key component of this effort to achieve is to expand opportunities for consumers to access home and community-based services (HCBS).

Governor John Kasich's Jobs Budget (House Bill 153 129th G.A.) increased spending on Medicaid HCBS waivers by \$200 million for the 2012 and 2013 State fiscal years. As a result, 7,600 more Ohioans will stay in the home and community settings they prefer instead of being admitted to an institution such as a nursing home. The budget supports rebalancing long-term care service expenditures by increasing HCBS funding from 36 percent of Medicaid spending in SFY 2011 to 40 percent in SFY 2013, while decreasing the share spent on institutions from 64 percent to 58 percent over the same period.

In addition to prioritizing funding for HCBS, H.B. 153 also authorizes a number of structural and programmatic changes that affect how long-term services and supports (LTSS) are delivered in Ohio. These initiatives place a premium on reducing fragmentation, increasing efficiency, eliminating barriers that keep consumers from their homes and communities, and improving consumers' health outcomes and quality of life.

The Balancing Incentive Program's (BIP) operating requirements align with many of the reform initiatives proposed in Ohio. For example, our current work to develop a core standardized assessment was previously identified as a balancing initiative through the State's Money Follows the Person (MFP) program. This work creates an opportunity for Ohio to implement uniform standards across systems, and is consistent with federal requirements for BIP participation.

It is for this reason that Ohio has committed to applying for and implementing the structural reforms required by BIP. The application that follows charges the State's twelve Area Agencies on Aging (AAAs), which serve as the statutorily designated lead agencies in the statewide Aging and Disability Resource Network (ADRN), with organizing and managing a system of no wrong door/single entry point (NWD/SEP) agencies implementing BIP in Ohio. The ADRN will be supported by a vendor(s) responsible for managing a statewide toll free (1-800) number, as well as for maintaining a comprehensive website offering information and referral assistance. Ohio believes this coordinated effort will strengthen the ADRN by fostering strategic partnerships with state agencies and local/regional organizations to promote consumer access.

Ohio's BIP proposal also includes a commitment to align HCBS waiver case management practices with CMS' standards for conflict free case management. The implementation schedule for this and other aspects of the State's BIP model are summarized in the draft work plan submitted with this application.

The additional funding available through BIP will support the State's expanding commitment to providing HCBS. The State expects to dedicate these monies to fund HCBS in anticipation of achieving our goal of a 50/50 funding ratio between institutional and non-institutional community settings.

Preliminary Work Plan

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
General NWD/SEP Structure	All individuals receive standardized information and experience the same eligibility determination and enrollment processes.				
	<ul style="list-style-type: none"> Develop standardized informational materials that NWD/SEPs provide to individuals 	2/1/14	BIP Manager	Not Initiated	Informational materials
	<ul style="list-style-type: none"> Train all participating agencies/staff on eligibility determination and enrollment processes 	5/1/14	BIP Manager		Training agenda and schedule
	A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. (The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time.)				
	<ul style="list-style-type: none"> Design system (initial overview) 	11/1/2013	BIP Manager		Description of the system
	<ul style="list-style-type: none"> Design system (final detailed design) 	3/1/2014	BIP Manager		Detailed technical specifications of system
	<ul style="list-style-type: none"> Select vendor (if automated) 	10/1/2013	BIP Manager		Vendor name and qualifications
	<ul style="list-style-type: none"> Implement and test system 	3/1/2014	BIP Manager		Description of pilot roll-out
	<ul style="list-style-type: none"> System goes live 	No later than 7/1/14	BIP Manager		Memo indicating system is fully operational
	<ul style="list-style-type: none"> System updates 	Semiannual after go-live	BIP Manager		Description of successes and challenges
NWD/SEP	State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.				
	<ul style="list-style-type: none"> Identify the Operating Agency 	11/1/2013	BIP Manager		Name of Operating Agency
	<ul style="list-style-type: none"> Identify the NWD/SEPs 	11/1/2013	BIP		List of NWD/SEP entities and locations

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
			Manager		
	<ul style="list-style-type: none"> Develop and implement a Memorandum of Understanding (MOU) across agencies 	2/1/2014	BIP Manager		Signed MOU
	NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.				
	<ul style="list-style-type: none"> Identify service shed coverage of all NWD/SEPs 	2/1/2014	BIP Manager		Percentage of State population covered by NWD/SEPs
	<ul style="list-style-type: none"> Ensure NWD/SEPs are accessible to older adults and individuals with disabilities 	8/1/2014	BIP Manager		Description of NWD/SEP features that promote accessibility
Website	The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.				
	<ul style="list-style-type: none"> Identify or develop URL 	2/1/2014	BIP Manager		URL
	<ul style="list-style-type: none"> Develop and incorporate content 	5/1/2014	BIP Manager		Working URL with content completed, screen shots of main pages
	<ul style="list-style-type: none"> Incorporate the Level I screen (<i>recommended, not required</i>) 	5/1/2014	BIP Manager		Screen shots of Level I screen and instructions for completion
1-800 Number	Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.				
	<ul style="list-style-type: none"> Contract 1-800 number service 	5/1/2014	BIP Manager		Phone number
	<ul style="list-style-type: none"> Train staff on answering phones, providing information, and conducting the Level I screen 	5/1/2014	BIP Manager		Training materials
Advertising	State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS				
	<ul style="list-style-type: none"> Develop advertising plan 	2/1/2014	BIP Manager		Advertising plan

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
	<ul style="list-style-type: none"> Implement advertising plan 	7/1/2014	BIP Manager		Materials associated with advertising plan
CSA/CDS	A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).				
	<ul style="list-style-type: none"> Develop questions for the Level I screen 	1/1/2014	Kim Donica		Level I screening questions
	<ul style="list-style-type: none"> Fill out CDS crosswalk (see Appendix H) to determine if your State's current assessments include required domains and topics 	11/1/2013	Kim Donica		Completed crosswalk(s)
	<ul style="list-style-type: none"> Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>) 	3/1/2014	Kim Donica		Final Level II assessment(s); notes from meetings involving stakeholder input
	<ul style="list-style-type: none"> Train staff members at NWD/SEPs to coordinate the CSA 	5/1/2014	Kim Donica		Training materials
	<ul style="list-style-type: none"> Identify qualified personnel to conduct the CSA 	3/1/2014	Kim Donica		List of entities contracted to conduct the various components of the CSA
	<ul style="list-style-type: none"> Continual updates 	Semiannual after 7/1/2014	Kim Donica		Description of success and challenges
Conflict-Free Case Management	States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.				
	<ul style="list-style-type: none"> Describe current case management system, including conflict-free policies and areas of potential conflict 	11/1/2013	BIP Manager		Description of pros and cons of case management system
	<ul style="list-style-type: none"> Establish protocol for removing conflict of interest 	7/1/2014	BIP Manager		Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies
Data Collection and	States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.				
	<ul style="list-style-type: none"> Identify data collection protocol for <i>service data</i> 	11/1/2013	BIP Manager		Measures, data collection instruments, and data collection protocol

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
	<ul style="list-style-type: none"> Identify data collection protocol for <i>quality data</i> 	11/1/2013	BIP Manager		Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> Identify data collection protocol for <i>outcome measures</i> 	11/1/2013	BIP Manager		Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>service data</i> collection 	Semiannual beginning 1/1/15	BIP Manager		Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>quality data</i> collection 	Semiannual beginning 1/1/15	BIP Manager		Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>outcomes measures</i> collection 	Semiannual beginning 1/1/15	BIP Manager		Document describing when data was collected during previous 6-month period and updates to protocol
Sustainability	States should identify funding sources that will allow them to build and maintain the required structural changes.				
	<ul style="list-style-type: none"> Identify funding sources to implement the structural changes 	11/1/2013	BIP Manager		Description of funding sources
	<ul style="list-style-type: none"> Develop sustainability plan 	11/1/2014	BIP Manager		Estimated annual budget to maintain the structural changes and funding sources
Exchange	States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.				

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
	<ul style="list-style-type: none"> Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system 	5/1/2014	BIP Manager		Description of plan of coordination
	<ul style="list-style-type: none"> Provide updates on coordination, including the technological infrastructure 	Semiannual beginning 11/1/2014	BIP Manager		Description of coordination efforts

REQUIRED LETTERS of ENDORSEMENT

The state of Ohio respectfully submits the following letters of endorsement from State agencies and other organizations, including associations representing Ohio's ADRN and consumer advocates, in support of the State's BIP application.

These organizations include:

1. Ohio Department of Aging
2. Ohio Department of Developmental Disabilities
3. Ohio Department of Mental Health
4. Ohio Olmstead Task Force
5. The Ohio Association of Area Agencies on Aging
6. The Ohio Association of County Boards
7. Ohio Abilities Network
8. The Ability Center
9. LEAP



**Department of
Aging**

John Kasich, Governor
Bonnie Kantor-Burman, Director

March 8, 2013

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

On behalf of the Ohio Department of Aging, I am pleased to provide this letter of support for the Office of Medical Assistance's application for the Balancing Incentive Payment Program (BIPP).

Ohio is committed to rebalancing its long-term care system not only to better meet the needs of its residents, but to find efficiencies in the way we deliver services. The structural changes required in the Balancing Incentive Payment Program support the state's efforts to create a long-term service and support system that focuses on supporting individuals in the most appropriate setting.

The Department of Aging is working closely with staff at the Office of Medical Assistance to align the goals of the Aging and Disability Resource Center and Systems Integration grants through the Administration on Aging with the Balancing Incentive Program to support the state's rebalancing efforts.

We look forward to continued partnership with the Office of Medical Assistance and the other state agencies involved in the Balancing Incentive Payment Program as we build the long-term care system that supports Ohioans with long-term service and support needs.

Sincerely,



Bonnie Kantor-Burman

BKB/dc

C: John McCarthy, Ohio Office of Medical Assistance

50 W. Broad Street / 9th Floor
Columbus, OH 43215-3363 U.S.A.
www.aging.ohio.gov

Main: (614) 466-5500
Fax: (614) 466-5741
TTY: Dial 711



Department of
Developmental Disabilities

Office of the Director

John R. Kasich, Governor
John L. Martin, Director

March 19, 2013

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

On behalf of the Ohio Department of Developmental Disabilities (DODD), I am pleased to provide this letter of support for the Ohio Department of Job and Family Services' (ODJFS) application for the Balancing Incentive Payment Program (BIPP).

Ohio is committed to rebalancing its long-term care system, not only to better meet the needs of its residents, but to find efficiencies in the way we deliver services. The structural changes required in the BIPP support the state's efforts to create a long-term service and support system that focuses on supporting individuals in the most appropriate setting.

We look forward to continued partnership with ODJFS and the other state agencies involved in the BIPP as we build the long-term care system that supports Ohioans with long-term service and support needs.

Sincerely,

John L. Martin
Director

cc: John McCarthy, Medicaid Director, Office of Medical Assistance

30 E. Broad Street
12th Floor
Columbus, Ohio 43215

(800) 617-6733 (Phone)
(614) 644-5013 (Fax)
dodd.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of Services



**Department of
Mental Health**

John R. Kasich, Governor
Tracy J. Plouck, Director

March 14, 2013

Jennifer Burnett
Center for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Blvd.
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

On behalf of the Ohio Department of Mental Health, I am writing in support of the Ohio Office of Medical Assistance's application for the Balancing Incentive Payment Program.

The Ohio Office of Medical Assistance is working in collaboration with other Ohio state government agencies to improve and rebalance Ohio's long-term care system with the goal of meeting the needs of its residents through improved efficiencies in service delivery. The structural requirements included in the Balancing Incentive Payment Program would be invaluable in creating a long-term care system that supports individuals in the most appropriate setting.

As the Ohio Office of Medical Assistance—in partnership with other state agencies—works toward rebalancing Ohio's long-term care system, the Balancing Incentive Payment Program would provide added support of these efforts to improve services for Ohioans with long-term care needs, and I strongly support them in their application for the program.

Sincerely,

Tracy J. Plouck
Director

Establishing mental health as a cornerstone of overall health

30 East Broad Street
Columbus, Ohio 43215
mentalhealth.ohio.gov

614 | 466-2596
614 | 752-9696 TTY
614 | 752-9453 Fax



“Advocating for People with Disabilities regardless of Age, to Live, Work and Participate in Community Life”

March 13, 2013

Jennifer Bumett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop:S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

As Chair of the Ohio Olmstead Task Force (OOTF), I am writing to communicate our support for Ohio’s BIPP – Federal Balancing Incentive Payment Program application that is being submitted by the Ohio Office of Medical Assistance (OMA). OOTF is encouraged by OMA’s continued commitment to expand its system of community-based services and supports emphasizing consumer choice, control, and autonomy. It is our hope that savings through the assistance of BIPP will help Ohio create a strong system of long term care that will serve Ohio’s aging population and those with disabilities in the least restrictive setting which in most cases is more cost efficient and supportive of the choices of consumers, their families and caregivers.

As a state taskforce, OOTF is represented by self advocates from across the state. The Ohio Olmstead Taskforce is also made up of representatives from twenty-six statewide and local organizations--people with disabilities of all ages, family members and organizations advocating together for the right to live, work and participate in their communities.

In keeping with the spirit of the *Olmstead Decision*, OOTF believes that well planned and implemented programs that provide Long Term Care services in Ohio will make it easier for people currently living in institutions to relocate back to the community of their choice and help people needing assistance, maintain greater independence while living at home. OOTF is committed, through public policy education and advocacy, to help develop the political will in Ohio to make Home and Community Based Services and Support a reality.

This application represents a very important step forward in rebalancing and addressing the institutional bias that we hope will change in Ohio.

Yours Truly,

Shelley A. Papenfuse - OOTF Chair
5605 Monroe St.
Sylvania, OH 43560
shelley@abilitycenter.org

Shelley A. Papenfuse, Chair
The Ability Center of Toledo
5605 Monroe St.
Sylvania, OH 43560
419-509-0814
shelley@abilitycenter.org

OOTF Members:

AXIS Center for Public Awareness
CareSource
CareStar
CILO (Center for Independent Living Options)
Easter Seals of Ohio
Grass Roots Advocate: for Disability Empowerment
LEAPCIL (Linking Employment, Abilities and Potential)
Lewin Group
MOBILE (Mid Ohio Board Independent Living)
Ohio Developmental Disabilities Council
Ohio Legal Rights Service
Ohio Rehabilitation Services Commission
Ohio Statewide Independent Living Council
Ohio Disability Vote Coalition
People First of Ohio
The Ability Center
The Ohio Association of Area Agencies on Aging
People with Disabilities, Family Members and Other Interested Individuals



Ohio Association of Area Agencies on Aging
Advocacy. Action. Answers on Aging.

Larke Reeche
Executive Director

**Ohio Association of
Area Agencies on
Aging (o4a)**

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March 25, 2013

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

The Ohio Association of Area Agencies on Aging is pleased to support Ohio's application for participation in the Balancing Incentive Payment (BIP) program. The BIP program as offered through the Affordable Care Act will provide an important opportunity for Ohio to receive a temporary enhanced federal match rate (FMAP) to help rebalance Medicaid spending by shifting the balance from institutional to home and community-based services for long-term services and supports under the state Medicaid program.

Ohio's 12 Area Agencies on Aging (AAAs) currently comprise the network of Aging and Disability Resource Networks (ADRN) covering all of Ohio's 88 counties. The AAAs as the lead agencies for the ADRN have established partnerships with Centers for Independent Living, 211s, Veterans Services offices and other community based organizations offering assistance to individuals in need of long-term services and supports (LTSS). With adequate resources, the AAAs commit to expand the ADRN partners to be even more inclusive so as to create a robust and more formalized Single Entry Point/No Wrong Door for individuals seeking LTSS and information.

The AAAs have a 40 year history of commitment to assisting people in need of LTSS to remain in the community. The AAAs make up 12 of the 13 PASSPORT administrative agencies (PAAs) across the state. The PASSPORT program has had much success in providing more HCBS opportunities and reducing the number of older adults in nursing facilities, evidenced by the rate of Ohioans over the age 60 who use Medicaid funded nursing facilities dropping by 14.5% over the past 12 years, despite a 15% increase in the older population.

The Ohio Association of Area Agencies on Aging (o4a), a nonprofit organization, is a statewide network of agencies that provide services for older adults, their families and caregivers, as well as advocate on their behalf. The Association addresses issues that have an impact on the aging network, provides services to members, and serves as a collective voice for Ohio's Area Agencies on Aging (AAAs). Equal Opportunity Employer/Provider.

In state fiscal year 2011, AAAs through the ADRNs and PASSPORT program have answered some 300,000 inquiries, performed 44,850 in-home assessments, enrolled 9,716 into PP home care, and provided care management to 43,122 individuals with a nursing home level of care. In addition to these PASSPORT activities, AAAs work to assist, refer, and care manage many non-Medicaid individuals through other federal, state and local county tax levy funds. AAAs as lead agencies of the ADRNs have demonstrated ability to effectively act as the SEP/NWD for the BIP program. The AAAs are pleased the BIP program allows for a six month planning period and look forward to fully engaging in this planning process to develop a comprehensive and coordinated approach to meet all the requirements of the BIP including:

- "No-wrong door single entry point system" that will enable consumers to gain access to all long-term services through a single point where they will receive information on services available and referral services and will receive an assessment to determine financial and functional eligibility for various programs.
- "Conflict-free" case management to develop individual service plans and to arrange for and conduct ongoing monitoring of services (i.e., no conflict of interest regarding the case manager and the service providers).
- Core standardized assessment instrument to be used statewide to determine eligibility and appropriate services.

We look forward to this funding opportunity and the opportunities it will afford to increase access for all those needing more home and community based services in Ohio.

Sincerely,

Larke Recchie

Larke Recchie
Executive Director



OHIO ASSOCIATION OF COUNTY BOARDS
SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES

March 19, 2013

Jennifer Burnett
Centers for Medicare & Medicaid
Services Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

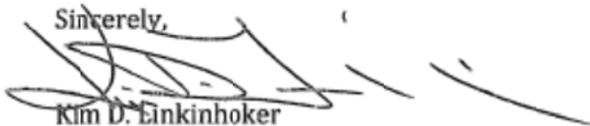
Dear Ms. Burnett:

The *Ohio Association of County Boards Serving People with Developmental Disabilities* (OACB) represents all 88 County Boards of Developmental Disabilities (CBDD) in Ohio. Ohio's CBDD provide vital services to more than 90,000 children and adults with developmental disabilities across the state. I am pleased to provide this letter of support for the *Ohio Department of Job and Family Services* for the Balancing Incentive Payment Program (BIPP).

Ohio remains committed to balancing its long-term care system, not only to better meet the needs of its citizens, but to build stronger partnerships in the way we deliver services. The structural changes required in the BIPP support the work that has already begun in the state's efforts to create a long-term services and support system that focuses on supporting individuals in the most integrated setting appropriate to their needs.

We look forward to a continued partnership development with the Ohio Department of Job and Family Services and other state agencies involved in the BIPP as we build a long-term care system that supports Ohioans with developmental disabilities.

Sincerely,



Kim D. Einkinhooker
Interim Executive Director

c: Blaine Brockman, OACB President
John McCarthy, Medicaid Director, *Ohio Health Plans*





The Ohio Abilities Network
Creating Communities that Work for Everyone

March 15, 2013

Jennifer Burnett
Centers for Medicare & Medicaid
Services Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Ohio Abilities Network (OAN) is Ohio's association of 11 Centers for Independent Living. On behalf of the OAN, I am pleased to provide this letter of support for the Ohio Office of Medical Assistance' (OMA) application for the Balancing Incentive Payment Program (BIPP).

Ohio remains committed to balancing its long-term care system, not only to better meet the needs of its citizens, but to build stronger partnerships in the way we deliver services. The structural changes required in the BIPP support the work already begun in the state's efforts to create a long-term service and support system that focuses on supporting individuals in the most integrated setting appropriate to their needs.

We look forward to continued partnership development with the ODJFS and the other state agencies involved in the BIPP as we build a long-term care system that supports Ohioans with person-directed, more efficient services and supports.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Alan R. Cochrun', is written over a horizontal line.

Alan R. Cochrun
Chairperson

Cc: John McCarthy, Medicaid Director, Ohio Health Plans

THE ABILITY CENTER

GREATER TOLEDO • OTTAWA COUNTY • BRYAN

Partnering to Build Communities
that Work for Everyone

abilitycenter.org

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PUBLIC POLICY:

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BOARD OF TRUSTEES:

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Executive Director

OAN
The Ohio Abilities Network
Creating Communities
that Work for Everyone



March 15, 2013

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

The Ability Center expresses our support for Ohio's BIPP – Federal Balancing Incentive Payment Program application that is being submitted by the Ohio Office of Medicaid Assistance. We look forward to working with OMA in their continued commitment to expand its system of community-based services and supports emphasizing consumer choice, control, and autonomy. BIPP will help Ohio create a strong system of long term care that will serve people with disabilities in the least restrictive setting which we believe is more cost efficient and supportive of the choices of consumers and their families.

The Ability Center of Greater Toledo is a Center for Independent Living serving northwest Ohio. We believe in and support equitable and inclusive communities for people living with disabilities. Our Mission is to assist people with disabilities to live, work and socialize within a fully accessible community.

In keeping with that mission, our goal is to advocate for well planned and implemented programs that provide Long Term Care services in Ohio that will make it easier for people currently living in institutions to relocate back to the community of their choice and help people needing assistance, maintain greater independence while living at home. The Ability Center is committed, through public policy education and advocacy, to continuing working with Ohio's OMA to make Home and Community Based Services and Support a reality.

This application represents an important step forward in rebalancing and addressing the institutional bias that we hope will change in Ohio.

Sincerely,

Tim Harrington
Executive Director

OUR MISSION: To assist people with disabilities to live, work and socialize within a fully accessible community.



Linking Employment, Abilities and Potential

LEAP's mission is to advance a society of equal opportunity for all persons, regardless of disability

March 18th, 2013

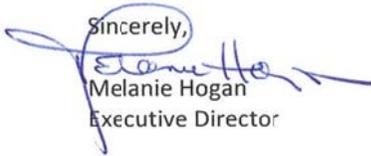
Jennifer Burnett
Centers for Medicare and Medicaid
Services Disabled and Elderly Health Programs Group
7500 Security Blvd.
Mail Stop S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

As a non-residential Center for Independent Living, Linking Employment, Abilities and Potential (LEAP), is committed to building inclusive communities where persons with disabilities can receive long term services and supports (LTSS) within the settings and communities of their own choosing. We have advocated for Ohio to apply for the Federal Balancing Incentives Program (BIP) as this is an important opportunity to increase Ohio's investment in publically funded home and community based alternatives to its well established institutional/residential system of long term care. As an active member of the Ohio Olmsted Task Force, and as the disability partner for the local Aging and Disability Resource Center (ADRC), we have partnered with the state to begin to address many of the issues/improvements that are part of the BIP initiative. With this application, and what we hope will be CMS approval, the state will be able to continue the progress they have already begun to create a long term care system that provides services in the most integrated and appropriate settings.

On behalf of LEAP I am pleased to provide our support to the Office of Medical Assistance (OMA) BIP application and look forward to working with OMA to create a more person-directed system of long term care services and supports. We appreciate that OMA has sought consumer input and anticipate ongoing opportunities to provide a consumer voice in the planning, implementation and oversight of this important project.

Sincerely,


Melanie Hogan
Executive Director

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Application Narrative

Section A. Understanding of Balancing Incentive Program Objectives

Ohio's State Medicaid Agency, the Office of Medical Assistance (OMA), is engaged in multiple system reform activities aimed at achieving the vision for long-term care articulated through the State's Money Follows the Person (MFP) program:

“Ohioans who need long-term services and supports get the services and supports they need in a timely manner in settings they want from whom they want, and if needs change, services and supports change accordingly.”

Ohio has been actively working with policy-makers, legislators, and other stakeholders to identify and implement State policy changes that support this vision. The State is pursuing structural and funding changes that seek to expand community-based care options and develop the statewide infrastructure to support consumers and their families/care-givers. Governor John Kasich's Jobs Budget (House Bill 153 129th GA) increased spending on Medicaid HCBS waivers by \$200 million for the 2012 and 2013 State fiscal years. As a result, 7,600 more Ohioans will stay in the home or community settings they prefer instead of being admitted to an institution, such as a nursing home. The budget's support for rebalancing long-term care service spending increases HCBS funding from 36 percent of Medicaid spending in SFY 2011 to 40 percent in SFY 2013 while decreasing the share spent on institutions from 64 percent to 58 percent over the same period.

Ohio is in various stages of implementing the program changes that comprise this reform effort which include, for example, increasing care coordination for consumers who are dually eligible for Medicare and Medicaid, beginning the process of harmonizing HCBS waivers serving individuals with a nursing facility level of care, modernizing Medicaid eligibility, and implementing health homes for individuals with severe and persistent mental illness. These program reforms result from Ohio's efforts to identify specific “hot spots” within Medicaid that, over time, have proven inefficient and fragmented and result in high costs and poor outcomes for the people we serve.

Once implemented, BIP will build on the success of existing programs such as Ohio's MFP transition program, known as HOME Choice, which has successfully identified and transitioned over 3,227 individuals out of institutional settings and into the community. HOME Choice was developed through an extensive stakeholder process and is built upon Ohio's current HCBS infrastructure. Ohio's HOME Choice program is proving to be a catalyst for system reform and initiatives related to housing, Ohio's direct service workforce, and the “front door” of the LTSS system are directly linked to the State's experience with transitioning individuals from institutional to community settings.

For the past two years, Ohio's MFP program has been working with a large group of stakeholders to revise and reform the State's current Medicaid level of care (LOC) determination process. Current work has centered on making short-term LOC process changes and clarifying policy and procedures. The next phase of LOC work is long-term reform of the current fragmented, paper-based LOC determination process.

Another component of this work is the development of a new assessment tool (the Level 2 assessment) that will be used to determine eligibility for an array of Medicaid programs serving individuals with a nursing facility LOC. This work affords Ohio the opportunity to integrate the BIP core data set into the new tool as well as to develop the Level 1 screening tool that will be used by the ADRN.

The Ohio Department of Developmental Disabilities (DODD), in conjunction with OMA and other partners, has undertaken its own project to revise the tool used to determine the intermediate care facility for individuals with intellectual disabilities (ICF/IID) LOC. Since this work is in its infancy Ohio has an opportunity to integrate the BIP core data set into this tool as well.

OMA also recently began a Medicaid Eligibility Modernization Project to simplify client eligibility, streamline State and local responsibility for eligibility determinations, and modernize eligibility system technology. This significant reform is scheduled for implementation in 2014.

In addition to the State's procurement of a new eligibility system, Ohio is also working to develop a new assessment system to begin aligning and automating the assessment processes for Ohio's Medicaid programs. It is anticipated that the BIP-required Level 1 screen and Level 2 assessment will be built into the information technology (IT) systems supporting this work. Once completed, this system will be accessible by ADRN partner agencies. As a result, the ADRN will have the capability to enter both financial and functional eligibility information to support consumers through the information, referral, and application process.

Ohio believes that the decision to couple a simplified front door with the ADRN is a natural fit. The ADRN will be comprised largely of existing human service agencies capable of performing the Level 1 screen, providing information and referral assistance, and support navigation (e.g. assistance with program applications) for all consumers regardless of age or disability. Under Ohio's BIP model, if an ADRN partner agency administers LTSS that require a Level 2 assessment, those organizations will continue to perform that activity. (e.g. Aging waiver or mental health services, etc.).

To implement these reforms, the State will review its case management practices. The State understands CMS' expectations around conflict-free case management and will examine both the structure and process for how consumers are case managed and, if necessary, implement reforms to alleviate any conflict of interest that may exist including the development of firewalls.

The State of Ohio is committed to implementing the requirements of the BIP. Given the alignment of these requirements with other balancing initiatives currently in progress, Ohio is in a unique position to bring about comprehensive system reforms that are person-centered, increase efficiency, and expand access to LTSS.

Section B. Current System's Strengths and Challenges

Strengths in Ohio's Current LTSS System:

Ohio Medicaid administers nine HCBS waivers. These programs are administered by OMA, the Ohio Department of Aging (ODA), and DODD. Each waiver targets different populations with LTSS needs of varying intensity, and provide a range of LTSS. The following table provides an overview of Ohio's waiver enrollment as of January 2013.

Waiver Name	Administering Agency	Consumer Age	Unduplicated Enrollment for January 2013
PASSPORT	ODA	60+	33,032
Choices	ODA	60+	556
Assisted Living	ODA	21+	3,949
Ohio Home Care	OMA	59 and younger	8,769
Transitions II Aging Carve-Out	OMA	60+	2,114
Transitions DD	DODD	All ages	3,016
Individual Options	DODD	All ages	17,041
Level One	DODD	All ages	11,911
SELF	DODD	All Ages	38
Unduplicated Total			80,426

The Office of Medical Assistance

OMA is the State Medicaid agency responsible for administering Medicaid State Plan benefits as well as both institutional and community-based LTSS. OMA also administers the Ohio Home Care and the Transitions II Aging Carve-Out waiver programs. In these waivers, case management activities are performed by an entity under contract with the State.

OMA also operates the MFP transition program HOME Choice and, through interagency agreements, oversees the management of the other Medicaid funded programs operated by ODA, DODD, and the Ohio Departments of Mental Health (ODMH), Health (ODH), Alcohol and Drug Addiction Services (ODADAS), and Education (ODE).

OMA Administered Medicaid State Plan LTSS

Home Health Services are provided through the Medicaid State Plan on a part-time and intermittent basis to Medicaid consumers of any age. Home health services include home health nursing, home health aide, and skilled therapies (physical therapy, occupational therapy, and speech-language pathology). Medicaid home health services must be provided by a Medicare Certified Home Health Agency.

Private Duty Nursing (PDN) services are medically necessary, continuous, and complex nursing services provided by a licensed nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN)) in a home or community setting. Continuous care is defined as more than four hours, but fewer than or equal to 12 hours per visit. PDN services must be prior-authorized. OMA determines eligibility for PDN, in addition to the amount, scope and duration of services. PDN may be provided by a MCRHHA, another accredited agency or by a non-agency nurse.

OMA-Administered Medicaid Waivers

Ohio Home Care: Approved in 1998, the Ohio Home Care Waiver provides HCBS to 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 LOC. The benefit package for this waiver includes, but is not limited to, waiver nursing, personal care aide, supplemental transportation, emergency response, and home delivered meal services.

Transitions II Aging Carve-Out: Approved in 2006, the Transitions II Aging Carve-Out Waiver is designed to meet the needs of consumers who are age 60 and older. The eligibility criteria for this program require either an intermediate or skilled LOC. This program is not open to new enrollees, with the exception of limited enrollment for HOME Choice participants who have care needs that cannot be met through other programs. An individual must first be on the Ohio Home Care Waiver and be “transitioned” to the Transitions Carve-Out Waiver program because they turn 60 years old. The services that are accessible to consumers on the Transitions II Aging Carve-Out waiver are the same as are available under the Ohio Home Care Waiver program.

The Ohio Department of Aging

The Ohio Department of Aging (ODA) manages three Medicaid waiver programs (PASSPORT, Choices, and Assisted Living) and maintains contractual relationships OMA and the State’s twelve Area Agencies on Aging (AAAs) to manage LOC determinations, assessments, preadmission screening and resident reviews (PASRR) and waiver case management. In addition to the three waiver programs, ODA is the State administering agency for Ohio’s Program of All-Inclusive Care for the Elderly (PACE), which currently operates in Cincinnati and Cleveland. Additionally, through its federal Older Americans Act funding, ODA administers the National Family Caregiver Support Program and other non-Medicaid LTSS in Ohio.

The ODA Operated Medicaid Waivers:

PASSPORT: Approved in 1984 and operated statewide since 1990, the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) waiver provides services to consumers in home and community settings to delay or prevent nursing facility placement. PASSPORT serves individuals age 60 and older who have a nursing facility LOC and are eligible for Medicaid.

Choices: Approved in 2001, Choices is a consumer-directed Medicaid waiver program that provides HCBS to older Ohioans. Providers can be agency or non-agency professional caregivers or individual providers such as friends, neighbors, and certain non-legally responsible family members. Choices serves individuals age 60 and older who have a nursing facility LOC and are eligible for Medicaid. Choices is available only to current PASSPORT consumers in the central, northwestern, and southern Ohio regions served by the AAAs based in Columbus, Toledo, Marietta and Rio Grande.

Assisted Living: Approved in 2006, the Assisted Living waiver 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 consumers' desire for independence, choice and privacy. Participants must be age 21 or older with a nursing facility LOC and eligible for Medicaid.

Program of All-Inclusive Care for the Elderly (PACE): Operating in Ohio since 1997, PACE is a program made available through the Medicaid State Plan. PACE operates under a managed care model that provides participants in specific geographic areas with all of their medical and ancillary services in acute, sub-acute, institutional and community settings. To be eligible for PACE, participants must be age 55 or older with a nursing facility LOC, live in Cleveland or the Cincinnati area and, if seeking Medicaid assistance, qualify for coverage under the Medicaid institutional financial eligibility standards (participants can be private-pay).

The Ohio Department of Developmental Disabilities

The Ohio Department of Developmental Disabilities (DODD) administers all Medicaid programs for individuals with developmental disabilities, both institutional and community-based services in Ohio.

DODD operates ten state developmental centers (DC) which provide institutional services in partnership with county boards of developmental disabilities (CB/DD), which determine waiver eligibility and provide targeted case management services. In addition, DODD is responsible for policy direction for the non-state operated ICF-IIDs as well as it operates four Medicaid home and community-based waivers for individuals with developmental disabilities to live in the community instead of an institution.

DODD Operated Medicaid HCBS Waivers:

Individual Options (IO): Approved in 1991, the Individual Options Waiver, commonly referred to as the IO Waiver, allows people with developmental disabilities who meet an ICF/IID LOC, to receive the services and supports necessary to stay in their homes as opposed to residing in an ICF/IID.

Level One: Approved in 2002, the Level One Waiver serves individuals with developmental disabilities who meet an ICF/IID LOC, but want to live at home. Level One participants have a network of family, friends, neighbors and professionals who can safely and effectively provide needed care.

Transitions Developmental Disabilities (TTD): Approved in 2002, the Transitions Developmental Disabilities Waiver, commonly referred to as the TTD Waiver, serves individuals who were previously enrolled in the Ohio Home Care Waiver whose needs are primarily habilitative in nature rather than medical and who meet an ICF/IID LOC. DODD began oversight of the TTD Waiver, formerly administered by the Ohio Department of Job and Family services, effective January 1, 2013.

Self-Empowered Life Funding (SELF): Approved in July 2012, the SELF Waiver is a much awaited funding option that allows individuals with developmental disabilities who receive support on the waiver to direct where and how they receive those services. Individuals may hire and fire their support workers and manage their own budgets. The waiver has an overall annual cost cap of up to \$25,000 for children and up to \$40,000 for adults. DODD estimates up to 500 individuals will enroll on the waiver the first year and up to 2000 will enroll within the first three years implementation.

The Ohio Department of Mental Health (ODMH)

ODMH, in partnership with 50 county Alcohol, Drug Addiction and Mental Health Services boards, and the Office of Medical Assistance, administers community mental health services to approximately 360,000 Ohioans in need of mental health treatment. Community-based mental health services, rendered by approximately 400 ODMH certified providers, include counseling, diagnostic assessment, partial hospitalization, community psychiatric support treatment, pharmacologic management, crisis intervention, assertive community treatment, intensive home based treatment, and peer support. Community mental health services are funded using a combination of Ohio Medicaid, Federal block grant, state general revenue, and local property tax levy dollars.

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

The Ohio Department of Alcohol and Drug Addiction Services, in partnership with 50 county Alcohol, Drug Addiction and Mental Health Services Boards, and the Office of Medical Assistance, administers community-based addiction and substance abuse treatment services to approximately 100,000 Ohioans. Community-based addiction treatment services rendered by approximately 230 ODADAS certified providers include ambulatory detoxification, assessment, counseling, case management, crisis intervention, intensive outpatient, laboratory urinalysis,

medical/somatic, and methadone administration. Services are funded using a combination of Ohio Medicaid, Federal Block Grant, state general revenue, and local property tax levy dollars.

Ohio Department of Mental Health and Addiction Services

Effective July 1, 2013, the Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services will merge to form a new cabinet level agency, the Ohio Department of Mental Health and Addiction Services (MHA). This new department will be able to better combine the unique expertise and resources found in the two separate agencies, which will lead to effective integrated care for those receiving services. The array of services previously provided by the former departments will be available through the new department.

Non-Medicaid Services

In addition to Ohio's Medicaid HCBS programs, the State offers a number of non-Medicaid services and supports to consumers. These programs may be operated on the State level or locally and include:

Ohio's Levy System

In Ohio, county funding (such as local levies, revenue from other local systems and federal grants received directly at the local level) provides an important source of financial support for local human services programs. Both ADAMHS and ADAS boards, as well as Community Mental Health Services (CMHS) contract with private providers to supply needed services. For ADAMHS boards, these providers are organizations certified by either ODADAS, ODMH or both and, in the instance of inpatient mental health services, State run mental health hospitals. County levy dollars provide a significant amount of funding for services provided through CB/DD (i.e. supported living, vocational habilitation, adult day habilitation, respite, family resources, early intervention), as well as State match for Medicaid services provided through waivers. Ohio is also one of a small group of states that use levy funds to support services for seniors. Currently, 73 of Ohio's 88 counties have local levies, usually funded by property taxes, which support older adults. These levy funds augment limited federal and State resources to accommodate Ohio's rapidly increasing older adult population. Levy funds are spent to meet local needs including delivered meals, transportation, adult day services and other in-home supports that allow older adults to remain in their homes and communities for as long as possible. Levy funded services support the State's ability to offer non-institutional alternatives in local communities.

Money Follows the Person Transition Program, HOME Choice

OMA initiated the HOME Choice (**H**elping **O**hioans **M**ove, **E**xpanding **C**hoice) Transition Program in 2008 following receipt of an MFP grant from CMS. HOME Choice was built on existing LTSS and works in concert with sister State agencies that administer HCBS waivers and State plan services. MFP supplemental and demonstration services "wrap around" and fill gaps in existing HCBS programs, and support participants not enrolled in waivers but receiving services through the Medicaid State Plan. HOME Choice services were developed with stakeholders to assist older adults and persons with disabilities to move from qualified long-term institutions to home and community-based settings.

Transition coordinators are a featured support unique to the HOME Choice program. They facilitate participant transition out of the long-term care facility by helping the participant locate housing, purchase materials and supplies, and connect with community services. They also work closely with the institution's discharge planning staff and the participant's case manager. Both transition coordinators and case managers become a part of the participant's team. The transition coordinator's role ends when the participant leaves the long-term care facility and moves into the community.

The HOME Choice case manager provides traditional case management services and works closely with the transition coordinator. Case management is a collaborative process of assessing, planning, facilitating and advocating for options and services to meet the participant's health needs. All HOME Choice participants will be assigned a case manager through the agency that administers their waiver or Medicaid State Plan services. Case managers begin working with participants before being discharged from an institution in order to arrange for LTSS in the community.

Once a HOME Choice participant has moved, the case manager and the participant work closely to determine what HOME Choice services and other community services will meet the participant's assessed needs.

Ohio Access Success Program

The Ohio Access Success Program expands Ohio's capacity to serve individuals who are living in a nursing facility and would like to transition to the community. This program is an important safety net for individuals who do not qualify for the HOME Choice program.

Services offered in the Access Success program include:

- Assistance to plan for a transition from the nursing facility to a community setting;
- Links to needed supports and services, such as housing, transportation, financial assistance programs, and supportive services; and
- A one-time fund to assist with relocation expenses.

After taking referrals in a five-county pilot area, the Access Success program went statewide in February of 2005. As of December 2012, 649 individuals have transitioned from a nursing facility to a community setting through the Access Success program.

The Ohio Department of Health (ODH)

ODH is responsible for licensing and enforcing health and safety standards in nursing facilities, residential care facilities, and adult care facilities. The Division of Family and Community Health Services (DFCHS) supports individuals and their families in order to maintain their health status and to remain active. Within the DFCHS, the Bureau for Children with Medical Handicaps (BCMHS) supports children with special healthcare needs and their families by providing access to medical services, care coordination of services through a network of public health nurses, and by promoting the medical home concept.

The Ohio Rehabilitation Services Commission (RSC)

RSC 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.

Challenges in Ohio's LTSS System:

In Ohio, consumer access to services spans across multiple delivery systems. As a result, eligible consumers and their families seeking assistance are oftentimes overwhelmed by the prospect of selecting from among a myriad of different Medicaid and non-Medicaid programs offered through local entities such as the AAAs, CDJFS, CB/DDs. As a result, the time needed to conduct the exercise of identifying and selecting a program may serve as a deterrent to applying for enrollment. Further, it may also cause consumers and their families to prematurely end their search for an appropriate community-based LTSS program and settle for institutionalization despite available alternatives.

Because Ohio is a "home-rule" State, Ohio Medicaid contracts with 88 CDJFS to perform Medicaid financial eligibility determination functions. The CDJFS' also determine eligibility and enroll individuals into other publicly-funded programs such as food stamps, cash assistance, child care, child support, and child welfare.

With oversight from Ohio Medicaid, a number of cabinet level State agencies (DODD, ODA, ODMH, ODADAS) administer Medicaid HCBS waivers or State Plan services. These State agencies operate programs for discrete and defined target populations and have developed programs and access points for "their" target populations. OMA's sister State agencies have relationships with regional or county-based entities that either administer or directly provide Medicaid services to consumers in silos such as: individuals age 60 plus; younger individuals with physical disabilities; individuals with mental health and addiction treatment needs; and individuals with developmental disabilities. Key functional and financial eligibility determinations are made largely through paper submission by an array of local entities with State policy oversight. Barriers resulting from Ohio's current system include:

- Strong local control over services and eligibility determination makes it difficult to create a unified approach to consumer access. Beyond the number of stakeholders who are affected by any attempts to transform the system statewide, county and regional systems vary in the extent to which they are able to devote staff and resource capacity to improve access. This has led to unevenness in the quality of the assistance consumers receive;
- Access issues for consumers are driven by the fragmented organization of LTSS in Ohio. This fragmentation leads to inconsistent and uneven development of State policy and manifests itself in the fact that there is no single point of entry into the system;
- Much like the State agencies and programs, non-profit information and referral providers are locally organized and possess varying degrees of capacity to provide services;
- Currently, a single reliable statewide source of information on available LTSS does not exist;

- The current institutional structure is driven by provider submission of need, whereas the community structure is driven by the assessment and coordination of service planning teams and local/State partnerships – this again results in the inability of consumers to drive service delivery;
- At the local level, workers in any one system are not necessarily familiar with the services and supports available through other systems. Consumers with needs in multiple systems may, as a result, end up in facility-based programs when they might have been able to live at home with better inter-system coordination. The most vulnerable fall through the cracks (e.g. consumers with dual DD/MH diagnoses or traumatic brain injury);
- Staff at access points have been trained to determine eligibility for programs rather than to provide assistance to consumers;
- Consumers and informal caregivers are not aware of the programs and assistance that do exist which can help them to search for LTSS. While this is due in part to the very nature of a fragmented system, it is also true that consumers tend to seek information about long-term services and supports only at a time of crisis; and
- Often the door to institutional care follows an acute episode resulting in prolonged placement and system driven decision-making.

Section C. NWD/SEP Agency Partners and Roles

Ohio proposes to implement a NWD/SEP model using the twelve ADRNs that have formed around the State. Ohio's twelve AAAs serve as the statutorily-designated lead agencies in the ADRN. The network itself is comprised of many partners including, but not limited to, Centers for Independent Living (CILs), CDJFS', 2-1-1 information and referral providers, community mental health boards, CB/DD, long-term care ombudsmen, the case management agency for the Ohio Home Care Waiver, managed care entities, hospitals, physician offices and other partners as determined by local needs and relationships.

OMA will establish guidelines for the ADRNs to use when establishing the network of participating NWD/SEP agencies. These guidelines will set minimum requirements for NWD/SEP participation to ensure they have the capacity and technical capability to perform the screening, referral, and support navigation functions required by Ohio's BIP model.

The State anticipates the following organizations may participate in the ADRNs regional collaboratives and be responsible for performing the Level 1 screen and support navigator functions under BIP:

- CDJFS and affiliated Public Children Services Agencies;
- CB/DD;
- ADAMH (or equivalent) entities;
- The case management agency(ies) for the Ohio Home Care waiver; and
- Any operational CIL serving the county or region.

The AAAs will work to identify key local entities through which individuals access LTSS. The State will also explore opportunities to coordinate with other partner agencies including but not limited to County Veterans' Commissions, the Rehabilitation Services Commission (RSC), local health departments, and family and children first councils. Key to this effort will be outreach

work done by ADRNs to educate key points of contact (hospital or NF discharge planners and other care providers) about the availability of NWD/SEP agencies to assist prospective consumers with a Level 1 screen and offer information and referral for LTSS. This will ensure that individuals in need of LTSS have consistent access to a wide array of options to meet their needs.

Section D. NWD/SEP Person Flow

Ohio's NWD/SEP Infrastructure

When BIP is fully implemented in Ohio, the State will provide individuals and their families with multiple, universal, entry points into the long-term care system. These individuals will have three primary tracts through which information is collected and referrals may occur and include in-person, over the phone, and/or online support.

When building the State's regional ADRNs, Ohio embraced a "no wrong door" philosophy. This concept is consistent with the NWD/SEP design under BIP and recognizes that individuals may seek to access LTSS in different ways and through different organizations depending on their care needs. It is for this reason that the ADRN will serve as the regional leads for Ohio's statewide NWD/SEP system. In this capacity, the ADRN will be responsible for establishing the network of NWD/SEP agencies that are both willing and capable of fulfilling the information and referral and Level 1 screening requirements under BIP.

Additionally, and in accordance with the federal requirements, BIP will expand opportunities for individuals to obtain both information and referral assistance for Medicaid and non-Medicaid funded LTSS through both a statewide toll-free number and an interactive website. (See Attachment A for Person flow) Ohio will procure a vendor(s) to operate the toll-free number and/or to develop a statewide website that offers a comprehensive listing of all Medicaid-funded LTSS. These resources will include information on both financial and programmatic eligibility criteria, the services offered, and contact information for the local ADRN.

How individuals access information and obtain referrals under BIP

An individual seeking information and referral assistance through the toll-free number will be routed automatically to the ADRN in his/her area. Once connected to the ADRN, the individual may complete a person-centered Level 1 screen over the phone. The toll-free number will also offer operator assistance if a caller is unable to enter information (such as his or her area code) into the phone system, needs translator services, or wants to speak directly with someone at the ADRN.

The website will include information on non-Medicaid funded LTSS including both locally-funded programs and other options available on a private pay basis. When an individual enters the website he or she will have the opportunity to access and complete a person-centered Level 1 screen to help identify their needs. Based on the outcome of the screening and the individual's interest in learning more about available options, information about the person will be submitted to his/her local ADRN. The ADRN will be responsible for contacting the individual to discuss

and arrange for next steps in the process including being linked with a support navigator (more on support navigation below).

Individuals may also receive information and assistance in-person at the ADRN. There, regardless of age or need, an individual can participate in a person-centered Level 1 screen in order to identify LTSS needs and the available service options that will meet those needs. Depending on the results of the screening, an individual will be referred either to a community-based service or to the appropriate agency for a more comprehensive needs assessment (Level 2 assessment).

It is important to note that the same criteria used in the Level 1 screen to identify needs and to make appropriate referrals (if necessary) will be applied statewide. As a result, the outcome of the screen will yield the same program recommendations and offer the same referral options regardless if the individual's contact occurs through the toll-free phone line, online, or in person at a participating NWD/SEP within the ADRN.

Screening & Support Navigation

Every individual who completes a Level 1 screen, regardless if the screen was completed in person at the ADRN, over the phone via the toll-free line, or electronically using the statewide website, will be assigned or receive assistance from a support navigator. The amount of assistance provided will vary depending on needs of the individual and ranges from computer-based referral and next steps to ADRN staff working directly with the person and their family.

The ADRN is expected to offer the assistance of a support navigator to those who need help contacting the agency(ies) administering programs identified through the Level 1 screen to meet the individual's LTSS needs. For those individuals who require more hands-on assistance with the referral process, the support navigator will work actively with the individual to assist them with completing financial and other programmatic eligibility applications in addition to assisting with program referrals. If necessary to support the individual further, the support navigator will work with the individual until he or she is enrolled in the Medicaid program of his or her choice or, if not Medicaid eligible, referred to other resources.

Depending on which ADRN partner the individual completed the Level 1 screen, an additional referral for a Level 2 assessment may not be necessary. When the individual is linked with the appropriate agency(ies) the individual may need to complete a Level 2 assessment to determine program eligibility. At this time, the assessor responsible for the completion of the Level 2 assessment will also provide options counseling to the individual. Those individuals who are not eligible for Medicaid will also receive options counseling and decision support as part of the State's nursing home diversion activities.

Mental Health Crisis Path

Ohio is working aggressively to streamline processes and eliminate barriers to crisis interventions for individuals with severe and persistent mental illness. Ohio's BIP model creates a mental health crisis path that will link individuals experiencing a mental health crisis with needed assistance. This is accomplished by allowing these individuals to bypass the

screening and referral processes in order to be assessed for LTSS need and receive crisis intervention services. Once the individual is stabilized the individual will then formally enroll on the program(s) that meet their needs.

Phased Implementation

When fully implemented, the reforms proposed under BIP will transform Ohio's current fragmented long-term care system into one that emphasizes individual choice and control, implements uniform processes, and extends the front door to multiple entry points. Ohio believes that, given the size of the State's LTSS programs (Medicaid and Non-Medicaid), an incremental approach to BIP implementation is reasonable to ensure the ADRN and the network of NWD/SEP agencies is built and both the toll-free number and website are active and functioning. As a result, Ohio plans to phase in the populations that will be served by BIP beginning with older adults and adults with physical disabilities who have needs that could be served by LTSS programs. These populations will be followed by people with behavioral health needs, those with intellectual and developmental disabilities, and finally children. At this time, the State has not established a timeline for full implementation; however it is anticipated that all populations will be served by BIP no later than September 2015.

Section E. NWD/SEP Data Flow

As different State agencies and their respective care delivery systems have matured over time they have developed their own IT systems to support their work. As a result, the tools used to determine functional eligibility for LTSS and to assess consumers' care needs are housed separately in different IT systems. This separation creates obstacles to data analysis and reporting.

The State of Ohio is currently engaged in two significant IT projects that will, in part, address these obstacles. The first is to create a new statewide assessment system through which the State's health and human service agencies will enter information gathered through the Level 1 screen and Level 2 assessments. The second IT initiative is the development of a new eligibility system for Ohio's means tested programs. These IT projects are scheduled to be completed and in place in 2015.

Once implemented, these new systems will dramatically improve the State's ability to link SEP/NWD partner agencies. Once the new assessment system is implemented, the BIP-required Level 1 screen and Level 2 assessment information will be captured in one location and increase the State's ability to monitor and provide oversight over these processes. Both the assessment system and new eligibility system are being constructed so they will interface with one another and allow for data collected through the assessment to populate fields in the eligibility system. This will both streamline processes and, to the extent possible, expedite the eligibility determination process for LTSS.

Ohio's BIP proposal anticipates that ADRN partner agencies will link into the assessment system. This will also permit collaboration between the ADRN's partner agencies performing the Level 1 screening and entity conducting the Level 2 assessment.

The details of this data flow will be more apparent at the time the State submits its work plan.

Section F. Potential Automation of Initial Assessment

As described in Section E of this application, the State of Ohio is currently developing new assessment and eligibility systems. These new systems will dramatically improve Ohio's ability to share information between the ADRN and the State.

Scheduled for implementation in 2014, the assessment system will permit agencies performing a Level 1 screen to enter pertinent demographic information about an individual into the system. This information will be stored electronically in the system and will be available to the entity performing the Level 2 assessment. This new system will streamline processes by eliminating redundancy and increase the State's responsiveness to individuals' needs.

For those individuals utilizing the website for information and referral purposes, the website will interface with the State's assessment system, allowing individuals and their families to enter personal and other required information for the Level 1 screen directly through the website. Ohio anticipates that an electronic interface will be developed to facilitate the transfer of information gathered from the Level 1 screen to the State's eligibility system.

Once completed, the BIP website will provide a referral to the appropriate ADRN partner agency. This interface will ensure that the information provided by the individual in the website will be available for the ADRN to review and base any future options counseling and/or referral.

Section G. Potential Automation of Core Standardized Assessment (CSA)

Ohio views the work of creating a new core standardized assessment and/or the development of core and standard criteria for inclusion in an assessment of LTSS needs, and the development of an electronic assessment system as critical to achieving the State's goals of streamlining processes and capitalizing on the efficiencies that automation afford.

With the development of the assessment system, Ohio plans to integrate both the functional needs assessment and LOC tools into the system. When in place, this system will permit the ADRN's partner agencies to enter Level 1 screening and, if also serving as the administering agency for LTSS, Level 2 assessment information. This significant reform will assist individuals by creating an electronic pathway for information sharing between the assessment system and the program eligibility determination process.

The State's use of a core standardized assessment and/or the development of core and standard criteria for inclusion in an assessment of LTSS needs will not be reserved exclusively for BIP. Ohio anticipates that the administering agencies for LTSS will also use these criteria to determine program eligibility in their respective systems as well.

Section H. Incorporation of a CSA in the Eligibility Determination Process

Currently in Ohio a variety of tools are used to determine eligibility for LTSS. Although these tools share similar characteristics and utilize the same core criteria to assess and determine an individual's level of care, each tool is unique and caters to the varying needs of the population(s) served by that program/entity. For example, OMA, ODA and DODD use their own tools and IT systems to perform and record the results of these assessments and any eligibility determinations that result. These assessment tools may be automated and are highly subjective, thus raising concerns about inter-rater reliability. This lack of consistency is challenging from both a consumer and policy perspective and is recognized by the State as a weakness in need of reform.

In an effort to address this weakness, OMA, in conjunction with other stakeholders, is working toward a system of long-term care that maximizes choice and promotes community integration. For the past three years OMA has been revising and reforming the State's current Medicaid LOC determination process. Recently completed work centered on making short-term LOC process changes and clarifying policy and procedures so they can be more uniformly applied throughout the state. The State's current phase of LOC work is the long-term reform of the current, fragmented LOC determination process. It is anticipated that the implementation of the new criteria and tool will result in more consistent person-centered outcomes.

Another component of this work is the development of a new assessment tool (Level 2 assessment) that will be used to determine eligibility for an array of Medicaid programs that serve individuals with a NF LOC. This work affords Ohio the opportunity to integrate the BIP core data set into this new tool as well as to develop the Level 1 screening tool that will be used by the ADRN. Additionally, DODD, in conjunction with OMA and other partners, has undertaken a project to revise the tool used to determine the ICF/IID LOC. Since this work is in its infancy Ohio will work to integrate the BIP core data set into this tool as well.

Revising the State's LOC criteria is supported by stakeholders and other policymakers; however agreement on revisions to LOC criteria and specific components of the new assessment tool may be a barrier to Ohio's successful implementation of this BIP component. The State recognizes the significance of this undertaking and has secured the services of a contractor to help support this work. We look forward to dialoguing with CMS on any future technical assistance needs in this area.

Once completed, Ohio envisions the State's new LOC criteria and assessment tools will be incorporated in the appropriate assessment systems and the information gathered will be used in the eligibility determination process for Ohio's Medicaid programs.

Section I. Staff Qualifications and Training

Level 1 Screening:

Ohio's ADRN partner agencies pride themselves on the diversity of the staff they employ and the State recognizes how meaningful it is to individuals to access LTSS through organizations that specialize in assisting the disability, aging, and mental health populations. As a result, Ohio will emphasize the need for NWD/SEP organizations participating in the ADRN to include staff

with different backgrounds and experience with these populations in the completion of the Level 1 screening tool. The State will not require a specific licensure or degree for staff completing the Level 1 screen. Instead, Ohio will require that staff performing this function have a minimum amount of experience working with individuals in a health and human service setting. All staff performing Level 1 screening activities will receive training directly from OMA or its designee that will focus on identifying the appropriate LTSS options available for an individual, using person-centered language, and making timely referrals.

Level 2 Assessment:

The State agencies operating Medicaid programs each have specific criteria to qualify an individual to perform assessments in their systems. Typically, these systems require licensed social workers, nurses or other individuals with requisite experience in a clinical setting to act in this capacity. Under BIP, the State will continue to endorse this practice given the clinical nature of the work to assess consumer needs. OMA will work with its sister agencies to train individual assessors in the completion of the new Level 2 comprehensive assessment and for those NF LOC programs, the use of the new assessment system. This training will also focus on person-centered practice and supporting individuals through options counseling.

Section J. Location of SEP Agencies

The decision to couple Ohio's simplified front door with the ADRN is a natural fit. This strategy will allow the State to build on an existing program infrastructure designed to serve people in their communities. The ADRN is comprised largely of human service and other community agencies and will provide Ohioans with statewide access to services and supports through a Level 1 screen and, as appropriate, Level 2 assessment.

Ohio's ADRN is managed regionally through the State's twelve AAAs and may also include the State's 88 CB/DD, 88 CDJFS, 11 CILs and 50 County Behavioral Health Boards as well as other local/regional community organizations. (See Attachment B for a map of Ohio's ADRNs) The ADRN will have the flexibility to identify and integrate NWD/SEP new and existing partner agencies into the NWD/SEP network to ensure the entry points to the LTSS system are reflective of the diverse populations to be served through BIP.

It is the State's goal that, to the extent possible, the ADRN's NWD/SEP partners offer physical locations in each of the State's 88 counties. Many of the organizations in the State's current ADRN structure are governmental agencies and are required to have offices that are in accessible locations that are ADA compliant.

For those individuals unable to access a physical location for a Level 1 screen, it is possible that agencies within the ADRN may offer transportation assistance. If such supports are unobtainable for the individual, virtual access will be available through both the toll-free number and website in which to complete the screen remotely.

Section K. Outreach and Advertising

Marketing and outreach is essential to ensure that the ADRN successfully serves as Ohio's SEP/NWD system and is recognized as a valuable tool to plan for and access LTSS. OMA will work with its BIP work plan team (a broad group of stakeholders comprised of State agency staff, staff from the ADRN's partner agencies, consumers, and other advocates) to brand Ohio's new NWD/SEP system and to develop a detailed marketing plan. Success in this arena is vital to improving consumer access to meaningful choice.

These marketing efforts will be achieved through:

1. Public Service Announcements both on the radio and television.
2. Literature and flyers distributed at human service agencies, libraries, etc.
3. Outreach and training on LTSS planning for discharge planners, key nursing facility personnel and court appointed guardians.
4. Utilizing the array of existing program, association and advocacy newsletters and websites.

Section L. Funding Plan

The State of Ohio's strong support for creating a NWD/SEP system is demonstrated by the commitment of State and federal funds to implement the structural changes required under BIP. Ohio will draw from a variety of sources including federal MFP funds and other grant funds, State GRF and, to the extent possible, local administrative resources. The projected funding sources to implement BIP include:

Money Follows the Person Administrative Funding: Ohio's pursuit of a 50/50 community vs. institutional funding ratio will require the State to invest additional staffing resources into BIP. Ohio anticipates hiring staff to manage and implement BIP. These staff will be responsible for training ADRN partner agency staff and fulfilling the BIP monitoring and reporting requirements.

Money Follows the Person Balancing Funding: Ohio will employ State level funds to support the IT components and outcome measures in Ohio's BIP proposal. As noted previously, the State has secured the services of a consultant to develop new LOC criteria and create a new assessment tool that, we anticipate, will be integrated into the State's new eligibility system. MFP funds are also being used to support this work.

Ohio plans to utilize existing processes for monitoring consumer satisfaction and other quality elements in the oversight of the State's Medicaid HCBS programs; however these processes do not address the service delivery or satisfaction of consumers who obtain services solely through the Medicaid State plan or the mental health system. Ohio plans to use MFP Balancing funds to gather this information as required under BIP.

Money Follows the Person ADRN Supplemental Funding: The State has dedicated a portion of these funds to support the development of an interactive website for consumers to obtain information about available LTSS. The State will utilize funds dedicated to supporting online information and referral resources.

State and Local Funds: The most significant program change for the State of Ohio under BIP is the decentralization of program access points through the NWD/SEP system. A majority of the ADRN partner agencies already serve Medicaid consumers in varying capacities and are entry points to services available in their systems. As a result of their current roles with prospective consumers, these agencies receive funding from the State and local governments to perform program screening and eligibility assessments. The successful implementation of the structural changes under BIP will require the State to implement comprehensive reforms to the front door.

To accomplish these reforms, the State is pursuing legislative authority to appropriate general revenue funds to support the infrastructure changes that will be implemented through BIP. In addition, Ohio anticipates repurposing funds that are currently used for screening prospective consumers to support the Level 1 screen and support navigator functions proposed in Ohio's BIP application.

Grant Funds: The State will coordinate balancing efforts across funding sources that share common goals, such as Ohio's Unified Prevention and Long-term Care System Initiative grant (detail provided in Section O below). This grant includes funds for systems change activities, such as training to develop the State's dementia, disability and person-centered capabilities to support the cross-system, cross-disability approach of the BIP. Additionally, the State can pool resources to achieve other common goals among the programs, such as developing common consumer satisfaction tools and continuous quality improvement across systems.

BIP Enhanced Matching Funds: The State plans to direct the matching funds received through BIP to support Ohio's continued investment in HCBS; however, the State may direct a portion of the monies received through BIP to support the development of a sustainable program infrastructure.

Section M. Challenges

While the goal of BIP is to create opportunities for states to expand access to and enrollment in HCBS, there has traditionally been an inherent bias in Medicaid toward institutional care. Ohio has made great strides toward rebalancing community vs. institutional funding, and the State continues to develop and implement policies and programs that make Ohio Medicaid's services more person-centered and home and community-based. It is for these reasons that Ohio is strongly committed to the principles and structural changes required under BIP. Ohio believes that BIP aligns with the balancing initiatives currently under way; however there are obstacles that must be overcome to successfully implement this program in Ohio. These obstacles include:

Fragmentation in Existing System

- Ohio has a LTSS system with many "front doors" that are population-specific (aging, DD, MH, etc.). Implementing a NWD/SEP approach when each system is well-established will require significant training to support culture changes in these systems.
- Given that the implementation of BIP will represent a significant change to Ohio's LTSS system, buy-in from a broad range of stakeholders (internal and external) is essential to the

State's success. Ohio is working to achieve consensus among interested parties, including ADRN partner agencies, consumers, and advocates.

- The availability of non-Medicaid supports and access varies across systems and communities, presenting challenges to the State's ability to provide real community-based options for individuals in need.

IT Challenges

- Ohio's BIP proposal depends heavily on the successful automation of the core standardized assessments (or standardized criteria for use in assessments of need), and the Level 1 and Level 2 screens in a new assessment system. Another important component of this work is to create an interface between the assessment system and the successful and timely implementation of Ohio's new eligibility IT system. Because this IT work is complex, and both time and labor intensive, the potential exists that BIP implementation may be affected if this system is delayed beyond its scheduled implementation in early 2014.

Funding

- Although we have identified funding mechanisms for BIP in Ohio, limited resources could present challenges should unforeseen circumstances require the State to reevaluate its proposed budget.

Section N. NWD/SEP's Effect on Rebalancing

Over the last ten years Ohio has made considerable progress toward rebalancing its LTSS system, as evidenced by the State's significant investment in Medicaid HCBS waiver programs. Despite growth in the population of consumers needing LTSS over the last decade, the average daily census of persons receiving Medicaid-financed nursing home care has declined; however more progress needs to be made as spending in Ohio's LTSS system still favors institutional service settings. If Ohio is going to meet the LTSS needs of its citizens in the coming decades, we will have to develop new and innovative approaches to funding HCBS.

Ohio views BIP and its associated requirements among these innovative approaches to support individuals with LTSS needs, and believes our pursuit of this opportunity is right for Ohio. It is anticipated that BIP implementation will transform Ohio's LTSS system by providing individuals and their families with seamless access to information and support. This alone will result in an increased awareness of community LTSS options, create opportunities for nursing facilities diversion, and ultimately increase HCBS utilization in lieu of institutionalization.

Section O. Other Balancing Initiatives

The General Assembly passed comprehensive Medicaid reforms in Governor John Kasich's Jobs Budget that will improve the quality of the health care for the 2.1 million individuals served in the Medicaid program. The goal of these reforms is to improve individual health and quality of life, increase utilization of HCBS, reduce fragmentation, and develop a more consumer-centered system. These reform initiatives include:

Integrate Medicare and Medicaid Benefits

Approximately 182,000 Ohioans are covered by both Medicare (because they are over age 65 or disabled) and Medicaid (because they have low income). Because Medicaid and Medicare are designed and managed with almost no connection to each other, the LTSS, behavioral health services and physical health services that are provided to individuals who are eligible for both programs are poorly coordinated. The result is a diminished quality of care, which is reflected in high costs to the Medicaid and Medicare systems and ultimately to taxpayers. While dual-eligible individuals make up only 14 percent of total Ohio Medicaid enrollment, they account for 40 percent of total Medicaid spending.

Congress recently created a new federal Center for Medicare and Medicaid Innovation (CMMI) to encourage states to integrate physical, behavioral, and LTSS into a seamless and comprehensive care experience for Medicare-Medicaid enrollees. Ohio Medicaid has been given authority to seek federal approval to design and implement a Medicare-Medicaid Integrated Care Delivery System (ICDS). Ohio's development of the ICDS is currently in progress. The goal of the ICDS program is to comprehensively manage the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid Enrollees, including LTSS beginning in September 2013.

Provide Accountable Care for Children

Approximately 1.3 million Ohio children are in health and early childhood development programs. Most children are well cared for by their physician and the care coordinator in the medical practice. However, a small number of low-income children, about 50,000, have a high level of need because they are medically fragile, have a developmental delay, behavioral health issues, or have suffered from abuse or neglect. These children and their families receive little assistance in accessing and coordinating care, so their care is often fragmented and expensive.

The Governor's Office of Health Transformation (OHT) established an Early Childhood Care Coordination Project to create a single point of coordination that links high needs children with the appropriate medical, behavioral health, and social services in the best environment for the child. In parallel, the Jobs Budget encourages children's hospitals, networks of physicians, and Medicaid managed care plans to provide additional attention and care for 37,000 disabled children in Medicaid. Options include model contracts between health plans and providers to improve care coordination, and new stand-alone, provider-based pediatric Accountable Care Organizations (ACOs). Model ACOs have demonstrated the ability to increase access to care for rural and urban children, improve quality and safety, implement wellness programs to ensure that children with special health needs reach their full potential, reduce preterm births, and decrease the length of stay in neonatal intensive care units.

Create Health Homes for People with Mental Illness

Governor Kasich's Jobs Budget (H.B. 153) authorized Ohio Medicaid to design a person-centered system of care, called a health home, to improve care coordination for high-risk beneficiaries. Ohio Medicaid teamed up with ODMH and ODADAS to focus first on creating health homes for Medicaid beneficiaries with SPMI and SED. Care managers will be embedded in Patient-Centered Medical Homes (PCMH) to provide intensive care coordination and develop an individualized care plan for each consumer to address both medical and non-medical needs.

Ohio Medicaid received federal approval to claim enhanced federal match to pay for care coordination in SPMI/SED-focused health homes beginning in October 2012. At that time, Ohio Medicaid and (ODMH) began implementing Health Homes for Ohioans with SPMI and SED. Medicaid Health Homes is a new care delivery model operating under a “whole-person” philosophy – caring not just for an individual’s behavioral health condition, but providing linkages to primary care and community services and supports. Specifically, Health Homes comprise six services that certified providers can deliver to eligible beneficiaries:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care/follow-up;
- Patient and family support;
- Referral to community and social support services; and
- Use of health information technology (HIT) to link services, if applicable.

Through this initiative, a person with SPMI or SED works with a team of health care professionals to meet the individual’s needs in an integrated fashion. With this new whole-person approach, health homes aims to improve the experience of care, reduce the need for hospital emergency and acute care, and reduce the reliance on LTC facilities. Once these aims are achieved, it is predicted the consumer will experience improved health outcomes and, therefore, improved quality of life and consumer satisfaction. In addition, the state expects this shift from care delivered in a fragmented fashion to a fully coordinated system will reduce healthcare cost.

Agencies eligible to deliver Health Home services are community behavioral health agencies that are certified by ODMH and meet an additional set of state-defined requirements. Health Homes are currently operating in five Ohio counties and will be phased in across the entire state of Ohio in July, 2013.

MFP Balancing Initiatives

The rebalancing component of the MFP program provides insight and opportunity for analyses on the barriers to community placement for specific groups of people with disabilities and, using reinvestment dollars, includes key strategies to reform the long-term services and supports system. The rebalancing component of Ohio's MFP program was developed through an extensive stakeholder process and is built upon Ohio’s existing infrastructure of home and community-based services. Ohio’s MFP program is proving to be a catalyst for system reform. There are key components necessary for a state to successfully balance its long-term services and supports system, such as single access points or "front door," affordable and accessible housing, and a quality direct service workforce with sufficient supply to meet consumer demand. Ohio's MFP rebalancing efforts were structured around these key components.

Affordable and Accessible Housing

Dedicating resources to the issue of affordable and accessible home and community-based housing options for individuals who would like to leave an institutional setting has been a priority within OMA for a number of years. OMA initially hired a housing coordinator in October 2004. The position was first funded through a CMS Real Choice Systems Change

Grant. When that funding ended, OMA made a commitment to fund the position beyond the life of the grant through GRF. The goals of the housing coordinator are to increase access to housing options for people with disabilities, increase consumer participation in local and statewide planning processes, and increase the availability of affordable, accessible housing. During 2005 and 2006, the housing coordinator helped to develop a registry of affordable housing to add to the Connect Me Ohio website, planned a statewide housing conference in October 2005 for people with disabilities, and co-chaired the Ohio Access Housing Work Group. OMA continues to fund a housing coordinator through the MFP program. This position now is heavily involved in collaboration efforts with consumers, state agencies, and advocacy groups to develop effective systems change strategies that will increase the availability of affordable, accessible, and appropriate housing choices and solutions for people with disabilities. The housing coordinator takes a lead role in many key rebalancing initiatives funded through the MFP program, including the MFP Housing Workgroup, Local Housing and Services Cooperatives, the Modular Ramp project, and the Housing Voucher project.

- MFP Housing Workgroup

OMA is leading a state level housing workgroup with the goal of creating more affordable, accessible, and integrated housing options for individuals across all disability groups. The MFP Housing Workgroup is a grass-roots level effort that includes participation from local community and statewide stakeholders as well as other state agency staff (e.g., Ohio Housing Finance Agency and the Ohio Development Services Agency).

- Local Housing and Services Cooperatives (LHSC)

Local Housing and Services Cooperatives (LHSC), a key rebalancing initiative funded through the MFP program, are developing, expanding, and strengthening local and regional disability advocacy efforts and addressing the most significant barriers to successful independent community living for older adults and people with disabilities. An LHSC is a broad-based group of persons working to address the community living needs of older adults and individuals with disabilities, including affordable housing, transportation, services and supports, to enable or enhance successful independent living.

Nine of Ohio's 11 Centers for Independent Living (CILs) agreed to serve as lead agencies for the development of the cooperatives in their respective regions of the state and receive funding in support of their efforts through sub-grants from OMA.

- Modular Ramp Project

In an effort to increase housing that is accessible, the MFP program is utilizing funds from an Ohio Housing Finance Agency sub-grant to purchase modular ramps to ensure individuals can access their homes. This money will be distributed to Centers for Independent Living (CILs), and the CILs will then install more than 130 ramps. As a result, no individual will be further than two hours from a CIL than can install a ramp.

- Housing Voucher Project

Ohio was allocated 160 Non-Elderly Disabled Type II Vouchers for individuals transitioning from institutional settings into the community in Cincinnati and Toledo. This is one of the largest allocations nationally. The MFP program worked with the awarded public housing authorities to successfully lease up all allocated vouchers. In an evaluation conducted by Mathematica, Ohio was mentioned as one of the best states in the country utilizing the vouchers as well as developing a creative localized system to bring together housing and service agencies to create a holistic and sustainable model of institutional transition.

Ohio Direct Service Workforce (DSW) Initiative

OMA is leading a state level Ohio Direct Service Workforce (DSW) initiative to identify and address needs related to education and training, credentialing, registration, and career advancement opportunities for direct service workers. Through this Initiative, Ohio simultaneously will strive to improve the quality of its long-term services and supports system and address healthcare workforce shortages.

The centerpiece of this DSW Initiative is the development of a modular “core + specialization” structure as part of a larger framework to support a highly portable credentialing system that builds links between entry and advanced skills and jobs in health and human services industries (i.e., a health and human services career lattice). Through MFP, OMA has contracted with the Ohio Colleges of Medicine Government Resource Center (GRC) and the Center on Education and Training for Employment (CETE) at The Ohio State University to implement strategies and activities to identify core and specialization competencies for direct service workers across service populations and sectors (i.e., behavioral health, developmental disabilities, home health, and nursing homes). GRC and CETE are developing tests that demonstrate competencies and potentially may result in certificates. They are assisting in working with secondary, postsecondary, and adult workforce education to identify existing and/or develop new curriculum and training programs to address the competencies.

Money Follows the Person (MFP)/ Aging and Disability Resource Network (ADRN Supplemental Funding)

Using MFP supplemental funding, Ohio is: 1) expanding web-based information and referral tools; 2) developing a brand for and increasing awareness of the ADRN; and, 3) expanding options counseling with an emphasis on person-centered planning through the development of statewide education and training materials.

Ohio’s Unified Prevention and Long-term Care System Initiative

In October 2011 Ohio was awarded a grant from the Administration on Aging for the purpose of Systems Integration. The grant supports the core activities of the ADRN, expands Ohio’s evidence-based disease prevention programs, and develops system wide quality assurance and consumer satisfaction programs. The grant looks at systems integration both from an acute care/ long-term care integration perspective, as well as a cross disability perspective.

Grant objectives include:

1) Expanding the programs/ services screened for by the Ohio Benefit Bank, a web-based system that links individuals with benefits for which they may be eligible. Supported by a truly grass-roots system, the Benefit Bank reaches individuals who otherwise may not come in contact with the service delivery system and has the potential to link individuals to the LTSS they need.

2) Expanding the State's ability to provide evidence-based health promotion and disease prevention programs. Ohio has built a foundation for the Chronic Disease Self- Management Program (CDSMP) developed at Stanford University and its companion program Diabetes Self-Management. Through the Systems Integration grant, Ohio will expand the evidence-based programs available in the State, with a focus on programs for individuals receiving in-home services and unpaid caregivers.

3) Supporting sustainability of the State's programs through new revenue streams, private pay systems and collaboration with partners. Ohio has placed a strong emphasis on sustaining service delivery systems and expanding availability through new funding streams. Partnerships include health insurance plans, locally-based levy programs and other community-based partners.

4) Making the State's HCBS systems more dementia, disability and person-centered capable. The success of many of our initiatives hinges on a well prepared and trained workforce that can support individuals of all ages and disabilities. The grant will identify and/or support development of curricula in each of these areas that provide the necessary skills to the workforce serving those with LTSS needs.

5) Developing consistent consumer satisfaction survey tools and quality assurance programs that measure the service delivery system across programs and agencies. While consumer satisfaction and quality are measured across Ohio's many delivery systems, a complete picture of how the system is performing is difficult to gauge. This goal provides the opportunity to develop tools and process that provide that bigger picture, providing valuable insight into re-balancing efforts and their impact on people's lives.

6) Utilizing consistent screening tools to identify early signs of elder abuse in the long-term service and support system and direct families to needed services and interventions. Screening tools will be available throughout the spectrum of long-term services and supports to maximize the number of individuals we are able to reach.

In addition to Systems Integration funding, Ohio will benefit from the CMS Community Care Transitions Program funding now in place at ten of the twelve Area Agencies on Aging. The AAAs are all trained in the Care Transitions Intervention (CTI) and are poised to play a role in the state's efforts to reduce avoidable hospital re-admissions.

Developmental Center Downsizing

DODD's Division of Residential Resources continues their effort to downsize State-operated developmental centers by an additional 205 individuals or more during the current biennium. DODD will redirect State funds for individuals transitioned out of State operated centers to the county administering the individual's waiver services. Incentives have been added to counties

and selected providers to help assure successful community integration. The placements of individuals out of State developmental centers in this manner will result in a permanent reduction of institutional capacity

ICF Voluntary Conversions

DODD's balancing initiatives also include a voluntary conversion effort which allows ICF/IID beds to be converted to HCBS waivers. DODD is collaborating with ICF/IID facilities to transition individuals from institutional settings to HCBS waivers. Providers have the opportunity to both assist individuals in their facilities with moving into HCBS settings, and surrender the ICF license for the bed vacated by the transitioned consumer. The funding from the ICF/IID program will be transferred to allow for the additional waiver allocation. DODD has been meeting with individuals and providers to inform them of this option and will continue promoting this effort.

SELF Waiver

DODD has received federal approval for the SELF waiver. Enrollment began in July 1, 2012. The SELF Waiver is a much-awaited funding option that allows individuals with developmental disabilities who receive support on the waiver to direct where and how they receive those services. DODD estimates up to 500 individuals will enroll on the waiver the first year and up to 2000 will enroll within the first three years implementation. DODD will target and identify 100 Children with Intensive Behavioral Needs from across the State of Ohio to participate in this program.

ICF-IID Level of Care Work

DODD and OMA are working together to remove complicated administrative silos for the determination of Medicaid waiver eligibility. The LOC initiative is intended to improve efficiencies with eligibility determinations. The objective is to recommend changes to the ICF/IID LOC rule including:

- Development of a person-centered, strength-based approach to LOC determinations;
- Unified process and tool for all facility-based and community-based services requiring this LOC;
- Improved alignment between LOC and CB/DD; and
- Incorporation of BIP core data set requirements.

Within the scope of developing person-centered approaches to LOC, the group will look at ways in which determinations are made for individuals who have both significant medical needs and developmental disabilities.

This work group may also recommend inclusion of "community first" language within the rule to demonstrate the State's intent to promote HCBS. This will need to be addressed in a manner that does not violate maintenance of effort/eligibility.

ODMH MFP Mini-Grant Administration

As the mental health population matures in the HOME Choice program, an increased number of participants are completing their 365-day demonstration period. As of mid-January, 33 individuals with SPMI and/or alcohol or other drug dependencies had completed their demonstration year or transitioned more than a year ago. Approximately 88 percent of those who transitioned remained in the community throughout that year and did not return to an institutional setting. To continue making strides with this population, in the spring of 2011, OMA awarded a \$100,000 MFP mini-grant to ODMH to address gaps in services for individuals already transitioned to the community but still within their 365-day demonstration period. After consulting with multiple entities and State officials, two areas were singled out for study:

1. Coverage of Additional Expenses. Approximately \$20,000 has been set aside to study whether covering certain additional items – such as non-medical transportation, home modifications for individuals who did not qualify for a waiver, and independent living items not covered by Medicaid – would reduce the likelihood that someone with a mental health diagnosis would return to an institutional setting. This study will take place in Cleveland.

2. Consumer-Operated or Clubhouse Model Services. A Toledo study will examine whether linking HOME Choice participants with mental health diagnoses to either consumer-operated services or a form of peer support called “clubhouse model services” is more successful. At the same time, participants will receive community mental health services which provide a robust wrap-around treatment package.

Section P. Technical Assistance

As indicated previously, Ohio has secured the services of a consultant to assist in the development of new LOC criteria, the Level 1 screen, and the Level 2 comprehensive assessment. Additionally, the State will secure a vendor(s) to develop the new assessment system of which the Level 1 screening and the Level 2 assessment will be a part. Ohio anticipates the need for technical assistance around the development of the LOC criteria to ensure compliance with BIP’s Maintenance of Eligibility requirements. In addition, Ohio anticipates requiring support to ensure the aforementioned systems changes align appropriately with the tenants of conflict free case management under BIP.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
BALANCING INCENTIVE PROGRAM (Balancing Incentive Program) APPLICANT FUNDING ESTIMATES
LONG TERM SERVICES AND SUPPORTS**

State	Ohio				State FMAP Rate	63.58%		
Agency Name	OMA				Extra Balancing Incentive Program Portion (2 or 5%)	2%		
Quarter Ended								
Year of Service (1-4)	July '13-June '16 (SFYs 13-16)							
					Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded BY Balancing Incentive Program (4 year total)	Year 1	Year 2	Year 3	Year 4
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Case Management								
CareStar Contract (JFS)	\$127,314,004				\$31,828,501	\$31,828,501	\$31,828,501	\$31,828,501
PASSPORT/Choices	\$197,942,332				\$49,485,583	\$49,485,583	\$49,485,583	\$49,485,583
Assisted Living	\$13,900,812				\$3,475,203	\$3,475,203	\$3,475,203	\$3,475,203
TCM (DODD)	\$234,084,949				\$48,918,061	\$54,829,543	\$61,455,396	\$68,881,948
08 Case Management (SP/DAS)	\$36,058,461				\$7,903,203	\$8,602,038	\$9,362,666	\$10,190,553
Homemaker								
Homemaker (PP)	\$10,320,247	\$6,561,613	\$3,758,634	\$206,405	\$2,463,031	\$2,539,458	\$2,618,257	\$2,699,500
Service 1								
Homemaker Basic								
Service 1								
Service 2								

Homemaker Chore services								
Chore Services (PP)	\$3,983,170	\$2,532,500	\$1,450,671	\$79,663	\$950,624	\$980,121	\$1,010,534	\$1,041,891
Service 2								
Home Health Aide								
02 Home Health Aide (SP)	\$646,476,113	\$411,029,512	\$235,446,600	\$12,929,522	\$143,404,675	\$154,918,876	\$167,357,571	\$180,794,990
Service 2								
Personal Care								
Personal Care (OHC, TDD, TAG, PP)	\$2,729,535,645	\$1,735,438,763	\$994,096,882	\$54,590,713	\$657,010,080	\$673,643,455	\$690,697,934	\$708,184,177
Homemaker/Personal Care (I/O)	\$4,011,092,513	\$2,550,252,620	\$1,460,839,893	\$80,221,850	\$881,117,648	\$957,688,786	\$1,040,914,131	\$1,131,371,949
Personal Care ADLs								
Service 1								
Service 2								
Personal Care IADLs								
Service 1								
Service 2								
Personal Care Health-related								
Service 1								
Service 2								
Personal Care Adult Companion								
Service 1								
Service 2								
Personal Care PERS								
PERS (L1, OHC, TDD, TAG, PP, CHC)	\$46,348,219	\$29,468,197	\$16,880,021	\$926,964	\$11,156,200	\$11,438,639	\$11,728,229	\$12,025,150

Service 2									
Pers. Care Assistive Technology									
Adapt. Assistive Equip (IO, OHC, TDD, TAG)	\$28,703,625	\$18,249,765	\$10,453,860	\$574,072	\$6,627,462	\$6,980,395	\$7,352,122	\$7,743,646	
Service 2									
Habilitation Day									
Habilitation - Adult Day Supports (IO)	\$754,926,575	\$479,982,316	\$274,944,259	\$15,098,531	\$165,834,900	\$180,246,332	\$195,910,151	\$212,935,191	
Adult Day Service (OHC, TDD, TAG, PP, CHC)	\$83,710,085	\$53,222,872	\$30,487,213	\$1,674,202	\$19,978,259	\$20,598,177	\$21,237,331	\$21,896,318	
Adult Day Supports (L1)	\$49,807,824	\$31,667,815	\$18,140,010	\$996,156	\$10,941,297	\$11,892,120	\$12,925,573	\$14,048,835	
Habilitation Behavioral									
Service 1									
Service 2									
Habilitation Prevocational									
Vocational Habilitation (L1)	\$233,325,820	\$148,348,557	\$84,977,264	\$4,666,516	\$51,254,739	\$55,708,892	\$60,550,123	\$65,812,067	
Habilitation - Vocational Habilitation (IO)	\$55,022,203	\$34,983,117	\$20,039,086	\$1,100,444	\$12,086,741	\$13,137,106	\$14,278,750	\$15,519,606	
Hab. Supported Employment									
Supported Employ. - Community (IO, L1)	\$7,046,317	\$4,480,049	\$2,566,269	\$140,926	\$1,547,866	\$1,682,379	\$1,828,582	\$1,987,490	
Supported Employment - Enclave (IO, L1)	\$62,963,374	\$40,032,113	\$22,931,261	\$1,259,267	\$13,831,179	\$15,033,140	\$16,339,555	\$17,759,499	
Hab. Educational Services									
Service 1									
Service 2									
Respite care									
Respite (IO)	\$5,068,404	\$3,222,491	\$1,845,913	\$101,368	\$1,113,378	\$1,210,133	\$1,315,296	\$1,429,598	
Respite - Institutional (L1)	\$1,582,629	\$1,006,236	\$576,394	\$31,653	\$347,657	\$377,869	\$410,706	\$446,398	
Respite - Non-Institutional (L1)	\$3,374,476	\$2,145,492	\$1,228,984	\$67,490	\$741,272	\$805,690	\$875,707	\$951,807	
Out of Home Respite (TDD, OHC)	\$3,125,359	\$1,987,103	\$1,138,256	\$62,507	\$742,860	\$778,799	\$794,067	\$809,634	

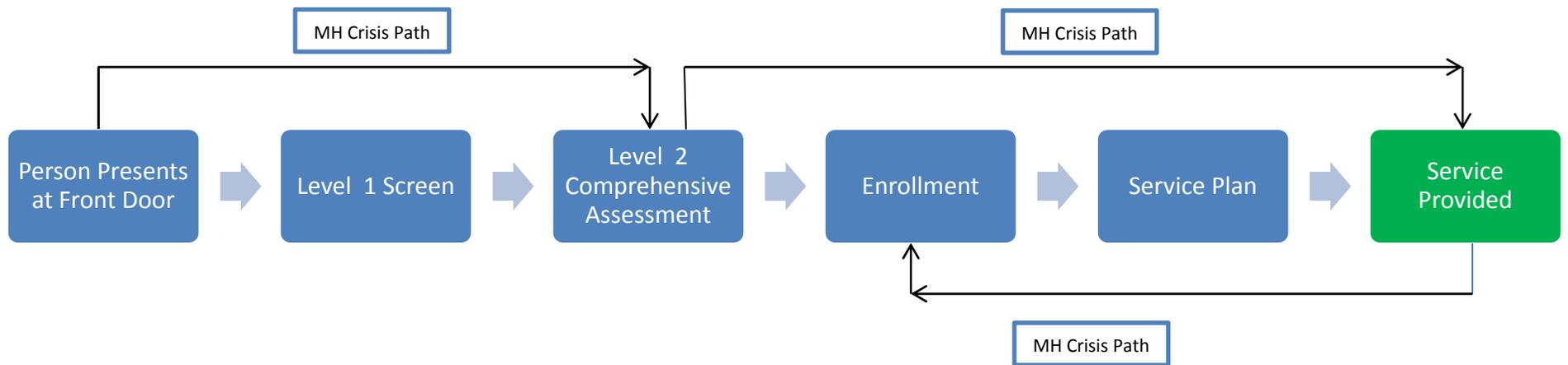
Day Treatment/Partial Hospitalization									
23 Partial Hospitalization (SP/MH)	\$209,723,537	\$133,342,225	\$76,381,312	\$4,194,471	\$45,966,681	\$50,031,249	\$54,455,223	\$59,270,384	
Service 2									
Psychosocial Rehabilitation									
24 Comm. Psych. Support Tx Ind (SP/MH)	\$837,046,006	\$532,193,850	\$304,852,155	\$16,740,920	\$183,461,652	\$199,684,106	\$217,341,018	\$236,559,229	
25 Comm. Psych. Support Tx Grp (SP/MH)	\$79,473,274	\$50,529,108	\$28,944,167	\$1,589,465	\$17,418,754	\$18,958,993	\$20,635,428	\$22,460,099	
Clinic Services									
Service 1									
Service 2									
Other HCBS Services									
01 Home Health Nursing (SP)	\$588,999,249	\$374,485,722	\$214,513,526	\$11,779,985	\$130,654,860	\$141,145,357	\$152,478,153	\$164,720,879	
03 Speech Therapy (SP)	\$9,776,808	\$6,216,095	\$3,560,714	\$195,536	\$2,168,742	\$2,342,874	\$2,530,987	\$2,734,205	
04 Occupational Therapy (SP)	\$14,754,566	\$9,380,953	\$5,373,613	\$295,091	\$3,272,934	\$3,535,723	\$3,819,613	\$4,126,296	
05 Physical Therapy (SP)	\$38,124,498	\$24,239,556	\$13,884,942	\$762,490	\$8,456,973	\$9,135,998	\$9,869,542	\$10,661,984	
27 Private Duty Nursing (SP)	\$678,113,518	\$431,144,575	\$246,968,943	\$13,562,270	\$153,842,112	\$163,857,840	\$174,525,630	\$185,887,936	
Adult Foster Care (IO)	\$154,739,820	\$98,383,578	\$56,356,243	\$3,094,796	\$33,991,733	\$36,945,692	\$40,156,358	\$43,646,037	
Assisted Living - All Tiers (ALW)	\$225,279,360	\$143,232,617	\$82,046,743	\$4,505,587	\$53,765,200	\$55,433,514	\$57,153,596	\$58,927,050	
Community Transition Service (PP, ALW)	\$2,240,020	\$1,424,205	\$815,815	\$44,800	\$534,604	\$551,192	\$568,295	\$585,929	
Environmental Access. & Adapt (IO, L1)	\$6,942,472	\$4,414,024	\$2,528,448	\$138,849	\$1,525,055	\$1,657,585	\$1,801,633	\$1,958,199	
Home Care Attendant Service (CHC)	\$50,456,924	\$32,080,512	\$18,376,412	\$1,009,138	\$12,249,299	\$12,489,433	\$12,734,275	\$12,983,917	
Home Del. Meals (IO,OHC,TDD,TAG,PP,CHC)	\$239,249,316	\$152,114,715	\$87,134,601	\$4,784,986	\$57,099,271	\$58,871,041	\$60,697,787	\$62,581,217	
Home Medical Equipment & Supplies (PP, CHC)	\$40,376,386	\$25,671,306	\$14,705,080	\$807,528	\$9,718,757	\$9,964,804	\$10,217,081	\$10,475,744	
Independent Living Assistance (PP)	\$653,865	\$415,727	\$238,138	\$13,077	\$156,052	\$160,894	\$165,886	\$171,034	
Interpreter (IO)	\$344,958	\$219,324	\$125,634	\$6,899	\$75,777	\$82,362	\$89,520	\$97,299	
Minor Home Mod. (TDD, TAG, OHC, PP, CHC)	\$42,049,304	\$26,734,947	\$15,314,356	\$840,986	\$10,088,739	\$10,366,015	\$10,650,912	\$10,943,639	
Non-Medical Transportation (IO, L1, PP)	\$658,082,488	\$418,408,846	\$239,673,642	\$13,161,650	\$144,561,137	\$157,123,830	\$170,778,250	\$185,619,271	
Nursing Services (TDD, TAG, OHC)	\$216,480,166	\$137,638,090	\$78,842,077	\$4,329,603	\$52,554,339	\$53,584,610	\$54,635,078	\$55,706,140	

Nutrition (IO)	\$11,535	\$7,334	\$4,201	\$231	\$2,534	\$2,754	\$2,994	\$3,254
Nutritional Consult (PP)	\$217,539	\$138,311	\$79,228	\$4,351	\$51,918	\$53,529	\$55,190	\$56,902
Pest Control (CHC)	\$28,139	\$17,891	\$10,248	\$563	\$6,831	\$6,965	\$7,102	\$7,241
Social Work (IO, PP)	\$6,206,640	\$3,946,182	\$2,260,458	\$124,133	\$1,481,278	\$1,527,241	\$1,574,631	\$1,623,491
Specialized Medical Equip & Supplies (L1)	\$3,316,773	\$2,108,804	\$1,207,969	\$66,335	\$728,596	\$791,913	\$860,732	\$935,532
Transportation (IO, L1, PP)	\$111,549,061	\$70,922,893	\$40,626,168	\$2,230,981	\$25,538,322	\$27,044,214	\$28,638,902	\$30,327,622
06 Alc. Drug Screen. Analysis Lab Urinalysis (SP/DAS)	\$23,062,581	\$14,663,189	\$8,399,392	\$461,252	\$5,054,799	\$5,501,765	\$5,988,255	\$6,517,762
07 Assessment (SP/DAS)	\$20,158,106	\$12,816,524	\$7,341,582	\$403,162	\$4,418,203	\$4,808,880	\$5,234,101	\$5,696,922
09 Group Counseling (SP/DAS)	\$110,123,994	\$70,016,835	\$40,107,159	\$2,202,480	\$24,136,702	\$26,270,971	\$28,593,961	\$31,122,360
10 Individual Counseling (Z1852 Only) (SP/DAS)	\$50,114,307	\$31,862,676	\$18,251,631	\$1,002,286	\$10,983,929	\$11,955,174	\$13,012,301	\$14,162,904
11 Ambulatory Detoxification (SP/DAS)	\$1,199,137	\$762,412	\$436,726	\$23,983	\$262,824	\$286,064	\$311,359	\$338,891
12 Crisis Intervention (SP/DAS)	\$1,033,938	\$657,378	\$376,560	\$20,679	\$226,616	\$246,654	\$268,465	\$292,203
13 Intensive Outpatient (SP/DAS)	\$72,103,984	\$45,843,713	\$26,260,271	\$1,442,080	\$15,803,571	\$17,200,990	\$18,721,974	\$20,377,450
14 Medical Somatic (SP/DAS)	\$16,539,243	\$10,515,651	\$6,023,592	\$330,785	\$3,625,030	\$3,945,570	\$4,294,454	\$4,674,188
15 Methadone Administration (SP/DAS)	\$31,035,374	\$19,732,291	\$11,303,083	\$620,707	\$6,802,256	\$7,403,740	\$8,058,410	\$8,770,969
16 Pharmacological Management (SP/MH)	\$376,877,904	\$239,618,971	\$137,258,933	\$7,537,558	\$82,603,157	\$89,907,277	\$97,857,259	\$106,510,211
17 Mental Health Assessment non physician (SP/MH)	\$139,985,421	\$89,002,730	\$50,982,690	\$2,799,708	\$30,681,655	\$33,394,656	\$36,347,553	\$39,561,557
18 Psychiatric Diagnostic Interview physician (SP/MH)	\$32,816,580	\$20,864,782	\$11,951,798	\$656,332	\$7,192,656	\$7,828,661	\$8,520,904	\$9,274,359
19 Counseling and Therapy Ind (Z1833 Only) (SP/MH)	\$548,635,033	\$348,822,154	\$199,812,879	\$10,972,701	\$120,248,456	\$130,881,332	\$142,454,412	\$155,050,833
20 Counseling and Therapy Grp (Z1834 Only) (SP/MH)	\$71,160,487	\$45,243,837	\$25,916,649	\$1,423,210	\$15,596,778	\$16,975,911	\$18,476,992	\$20,110,806
21 Counseling/Therapy (Ind or Grp), OR Ind Counsel. (SP/MH)	\$63,789	\$40,557	\$23,232	\$1,276	\$13,981	\$15,217	\$16,563	\$18,028
22 Crisis Intervention (SP/MH)	\$31,354,453	\$19,935,161	\$11,419,292	\$627,089	\$6,872,191	\$7,479,859	\$8,141,260	\$8,861,144
<i>(Add row for each service named in approval letter)</i>								
Service 1								

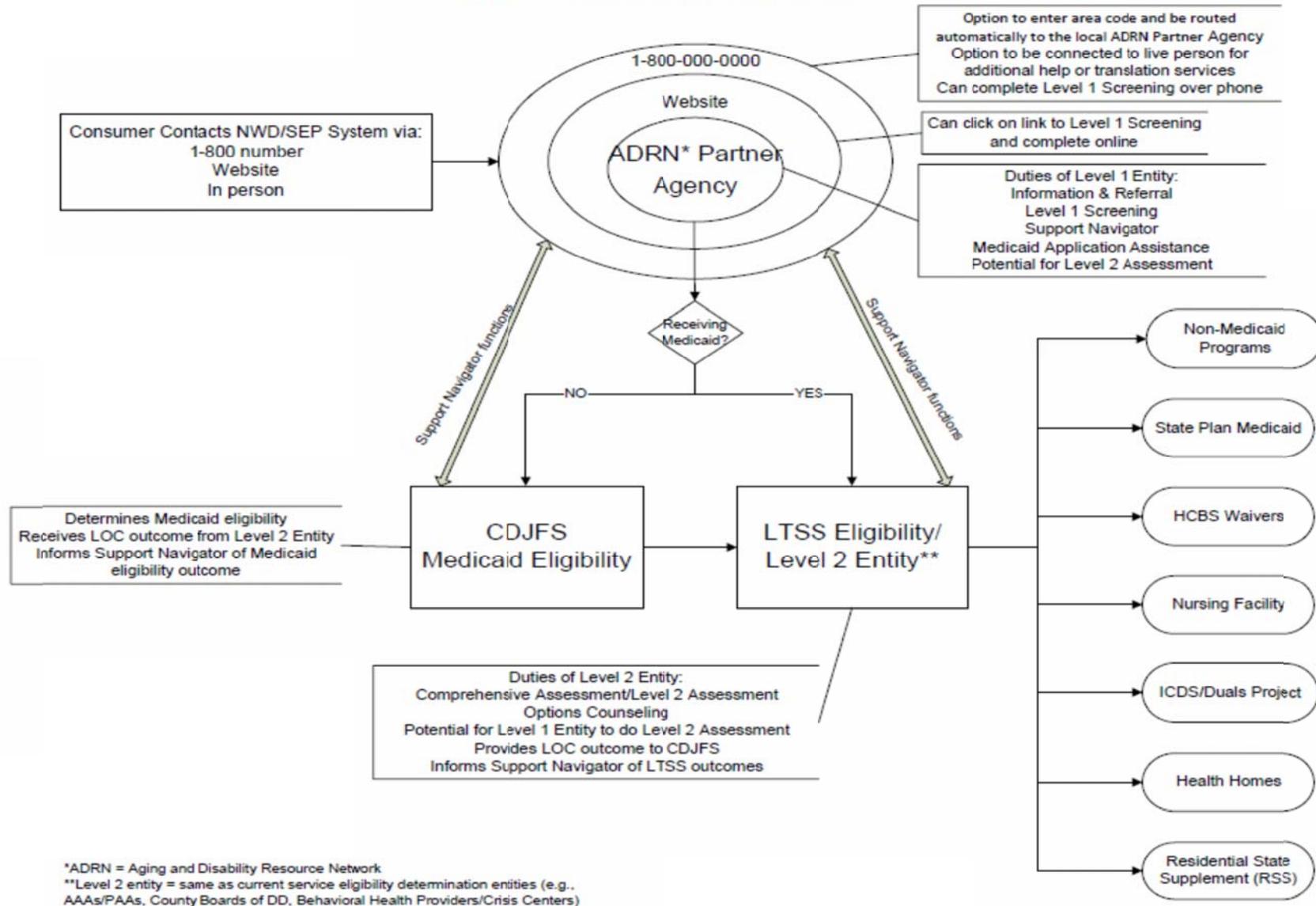
Service 2									
Capitated HCBS Services									
PACE	\$139,408,962	\$88,636,218	\$50,772,744	\$2,788,179	\$34,431,377	\$34,710,442	\$34,991,768	\$35,275,375	
Service 2									
Health Homes									
Service 1									
Service 2									
CFC									
Service 1									
Service 2									
TOTALS									
CMS MOD-Balancing Incentive Program DEMO 64i Application Form	\$15,225,622,674	\$9,293,057,602	\$5,323,264,515	\$292,326,442	\$3,441,086,745	\$3,672,044,130	\$3,921,485,775	\$4,191,006,024	

Previous total	\$15,225,622,674	\$9,062,119,712	\$5,554,202,404	\$292,326,442	\$3,441,086,745	\$3,672,044,130	\$3,921,485,775	\$4,191,006,024	
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BIP Person Flow – Mental Health Crisis Path



DRAFT – NWD/SEP Person Flow



Ohio's ADRN System



Ohio's Aging and Disability Resource Network (ADRN) is built with the Area Agencies on Aging (AAA) as lead agencies. Each AAA collaborates with a network of partners to ensure key functions of the ADRN are in place.

- 1 Council on Aging of Southwestern Ohio
www.help4seniors.org/ 513-721-1025
- 2 Area Agency on Aging, PSA 2
www.info4seniors.org/ 937-341-3000
- 3 PSA 3 Agency on Aging
www.psa3.org/ 419-222-7723
- 4 Area Office on Aging of Northwestern Ohio
www.areaofficeongaging.com/ 419-382-0624
- 5 Ohio District 5 Area Agency on Aging
www.agingnorthcentralohio.org/ 419-524-4144
- 6 Central Ohio Area Agency on Aging
www.coaaa.org/ 614-645-7250
- 7 Area Agency on Aging District 7
www.aa7.org/ 740-245-5306
- 8 Buckeye Hills Area Agency on Aging
www.areaagency8.org/ 740-373-6400
- 9 Area Agency on Aging Region 9
www.aaa.9.org/ 740-439-4478
- 10a Western Reserve Area Agency on Aging
www.psa10a.org/ 216-621-8010
- 10b Area Agency on Aging 10B
www.services4aging.org/ 330-896-9172
- 11 Area Agency on Aging 11
www.aaa11.org/ 330-505-2300