

# ***Pipeline* ... Extra!**

Ohio Department of Developmental Disabilities

John R. Kasich, Governor

John L. Martin, Director

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As released today by the Governor's Office of Health Transformation,  
Office of Medical Assistance

## **Kasich Administration to Increase Access to Home- and Community-Based Care**

**Ohio awarded \$169 million for implementing additional Medicaid reforms, "rebalancing"**

The Governor's Office of Health Transformation and the Office of Medical Assistance (Ohio Medicaid) today announced a major advancement in providing Ohio's elders and people with disabilities greater access to home- and community-based long-term care alternatives to nursing homes or other institutional placements. Ohio will receive \$169,076,032 in additional federal medical assistance percentage (FMAP) under the Balancing Incentive Payments (BIP) Program for improving Ohio's system of providing long-term services and supports and directing half of all Medicaid long-term care funding to home- and community-based services by 2015.

"Ohio's seniors and people with disabilities prefer to receive services in their homes rather than in institutions," said Greg Moody, Director of the Governor's Office of Health Transformation. "Ohio's participation in the BIP Program is part of the Kasich Administration's commitment to improving access to services that people prefer and improving quality of care in those settings, while also achieving an efficient use of taxpayer resources."

Governor Kasich's first budget increased spending on all long-term services and "rebalanced" where the money is spent, increasing funding for home- and community-based services by \$200 million over two years. As a result, an additional 7,600 Ohioans are receiving Medicaid long-term care services in their own home or community setting, and the share spent in home and community settings (vs. the share spent on institutions) has increased from 36 percent in 2011 to 39 percent in the current fiscal year (SFY 2013). The Governor's proposed Jobs Budget 2.0 increases Medicaid payments related to home- and community-based services by \$30.8 million over the biennium and takes other steps to improve quality and access to services in community-based settings. NEXT PAGE, PLEASE

To participate in the BIP Program, states must achieve a benchmark of 50 percent of total Medicaid long-term care expenditures on HCBS by September 30, 2015. States must also adopt three standard operating protocols to improve care for individuals.

The three protocols include:

- The establishment of a no-wrong-door/single-entry-point system for beneficiaries;
- Implementation of case management services that are free of conflicts of interest; and
- Core standardized-assessment instruments.

“By achieving these structural reforms, we will improve care for Ohioans receiving long-term services and supports by facilitating person-centered assessments and care planning,” said Ohio Medicaid Director John McCarthy. “These reforms are also aligned with Ohio’s plans to integrate benefits for individuals who are dually eligible for both Medicare and Medicaid.” Participation in the BIP Program will make Ohio eligible for a two percent increase in FMAP beginning July 1, 2013 through September 2015. The state will invest the additional resources over that time period into additional home- and community-based services and supports for seniors and people with disabilities.

Prior to submitting its formal application to the federal government, Ohio Medicaid solicited feedback from the Ohio Olmstead Task Force and Unified Long-Term Care Services Advisory Workgroup. The application received letters of support from a broad coalition of stakeholders that included the Ohio Association of Area Agencies on Aging, the Ohio Association of County Boards of Developmental Disabilities, the Ohio Abilities Network and a number of state health and human services agencies.

For a copy of Ohio’s BIP Program application and award and additional information about Governor Kasich’s Jobs Budget 2.0 plan to improve access and quality in home- and community-based care, see:

<http://www.healthtransformation.ohio.gov/CurrentInitiatives/ExpandandStreamlineHCBS.asp>

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