

Ohio Access

Ohio's Strategic Plan to Improve Long-Term Services and Supports for People with Disabilities



December 2006

A status report on progress since the February 2004 report

Background

In June 2000, the state agencies responsible for services for people with disabilities including the Departments of Aging, Alcohol and Drug Addiction Services, Health, Mental Health, Mental Retardation and Developmental Disabilities, and Job and Family Services along with the Office of Budget and Management undertook a comprehensive review of the current system and made recommendations for improving these services. This update of the state's Olmstead plan shows progress made towards meeting benchmarks set in the 2004 report. Three principles were developed to guide recommendations. These principles are:

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

From these guiding principles the Ohio Access agencies developed the following vision:

- Ohio's seniors and people with disabilities live with dignity in settings they prefer.
- They are able to maximize their employment, self-care, interpersonal relationships and community participation.
- Government programs honor and support the role of families and friends who provide care.

The 2004 Ohio Access Report recognized that even though Ohio was facing its most challenging budget in 40 years, there were still significant opportunities to change the way Ohio delivers long-term services and supports within a limited budget.

The 2006 Ohio Access Report is being released at a time of uncertainty in Ohio government. A new administration will take the helm in a few weeks and will likely

make many changes to the operations of state government. However, the design of systems and services for people with disabilities transcend these inevitable administrative changes. The recommendations in the report maintain the momentum gained following the landmark Olmstead decision and continue to move the state towards a more balanced system with greater options for community-based services. This report is organized around the following six recommendations:

- Give consumers meaningful choice
- Focus on behavioral health
- Improve quality and outcomes for individuals
- Get the best possible value from taxpayer investments
- Prevent the causes of disabilities
- Support Employment

This update summarizes specific accomplishments since the 2004 report. It is organized by the recommendations contained in the 2004 report and the strategies detailed in that earlier report.

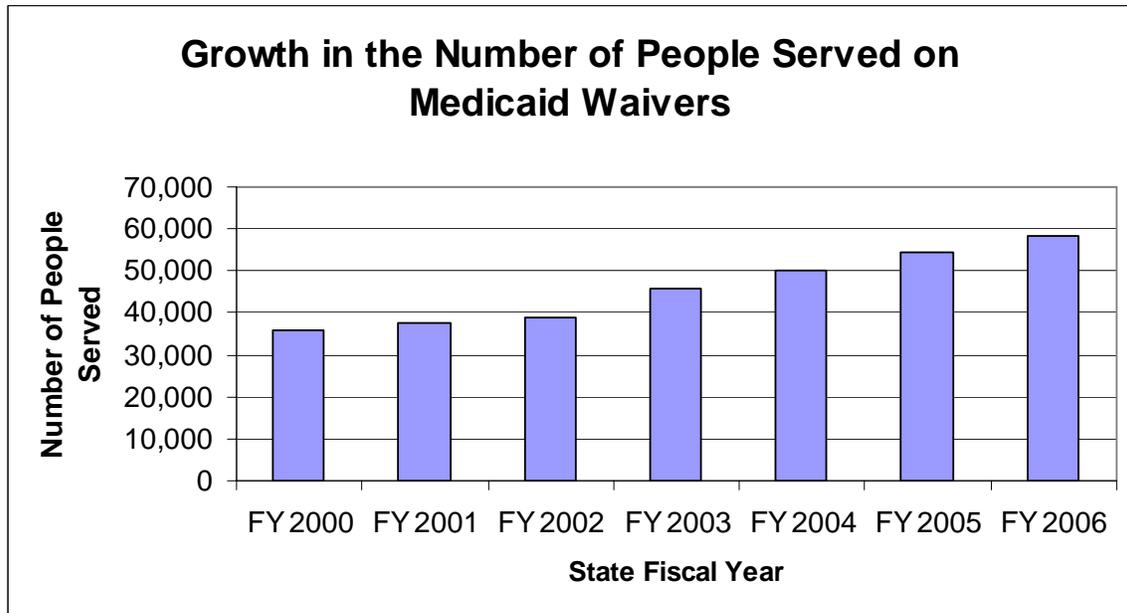
Give Consumers Meaningful Choice

Increase Home and Community Based Services (HCBS) Medicaid Waiver Programs

Since the issuance of the U.S. Supreme Court decision in *Olmstead v. L.C.* in 1999, participation in Ohio’s HCBS Medicaid waivers has increased by almost 70% – to the benefit of thousands of Ohioans with disabilities desiring to live in community settings. The following table highlights the expansion of Ohio’s HCBS Medicaid waivers from 1999 to 2006 (unduplicated annual participant counts).

Waiver	SFY 1999	SFY 2006	Percent Increase
PASSPORT/Choices	21,920	33,279	51.8
MRDD waivers (Individual Options, Level One, RFW)	5,598	14,978	167.6
Ohio Home Care/Transitions	6,869	10,135	47.5
Total Participants	34,387	58,392	69.8

The chart below illustrates the growth in the number of Ohioans receiving HCBS Medicaid waiver services and supports between 2000 and 2006.



Expand Current Waivers

At the end of September 2006, parties reached an agreement to settle the long-standing *Martin v. Taft* class action lawsuit. If endorsed by the next Governor and General Assembly, it will provide opportunities for an additional 1,500 Ohioans with mental retardation and other developmental disabilities to be served through Medicaid-funded home- and community-based waivers; and allow for the funding and safeguards needed to assure these services.

The Department of Aging (ODA) will recommend PASSPORT funding levels in the SFY 2006-2007 budget that are sufficient to avoid waiting lists

While GRF funding for PASSPORT was increased in the 2006-2007 biennium by 8% each year, this increase was not sufficient to meet the natural demand for PASSPORT enrollment and a waiting list of approximately 1400 individuals currently exists. However, the increased funding does permit ODA to enroll 625 new PASSPORT applicants each month. The waiting list exists because the natural demand for PASSPORT exceeds 800 enrollments each month.

To offset the financial impact of an increasing number of nursing home residents due to the lack of options resulting from PASSPORT waiting lists, the Home First program was created. This innovative new strategy allows consumers who currently reside in a nursing facility to bypass the waiting list and immediately enroll immediately in PASSPORT (in addition to the 625 monthly enrollment limit). This is a “Money follows the Person” initiative as funding that would otherwise be needed for an increased number

of nursing facility residents is transferred from the Department of Job and Family Services (ODJFS) to ODA to fund PASSPORT services for Home First participants. In SFY 2006, 959 nursing facility residents relocated to the community through “Home First” Thus far in SFY 2007, “Home First” enrollments are continuing at just under 100 enrollments per month. ODJFS, in collaboration with ODA, have been evaluating the effectiveness of this initiative.

By SFY 2006, the Department of Mental Retardation and Developmental Disabilities (ODMR/DD) will release at least 1000 additional Level One waiver slots to county boards of MR/DD, as funds are available to serve additional individuals.

The Level One waiver, offers limited support such as respite services and home modification for persons with cognitive disabilities and their families and is funded with a combination of federal, state, and local dollars. ODMR/DD developed this waiver in FY 2003 to provide 6,000 waiver slots over a three year period to individuals for whom \$5,000 per year in services and supports is enough for them to stay in a home or community setting. In SFY 2006, due to the lack of available funding, Ohio reduced the federal allocation of the Level One waiver from 6,000 to 5,134.

The Department of Job and Family Services (ODJFS) will request federal permission to reassign individuals from the Home Care Waiver to the Transitions Waiver as Home Care is redesigned.

The Centers for Medicare and Medicaid Services (CMS) approved an amendment to the Transitions Waiver in November 2005 authorizing an additional 900 slots to accommodate the transfer of eligible Core Plus consumers to the Transitions MR/DD Waiver. The transfer of eligible consumers was completed July 1, 2006.

Redesign Current Waivers

ODJFS will work with other Ohio Access agencies to determine the number of affected consumers receiving Core Plus benefits as well as services through the MR/DD and Aging systems, and how these consumers will continue to receive such services.

Through claims data, ODJFS identified approximately 140 consumers who were either enrolled on an ODMR/DD-administered waiver or an ODA-administered waiver whose services will be altered by the elimination of the Core-Plus benefit. ODJFS has been working with ODMR/DD and ODA to determine how best these consumers can continue to have their nursing needs met under the Ohio Home Care redesign.

ODJFS filed a private duty nursing rule that guaranteed that consumers enrolled on an ODMR/DD or an ODA-administered waiver with continuous nursing needs in excess of fourteen hours per week are assured availability of private duty nursing services. Those consumers who meet the eligibility criteria for an ODJFS-administered waiver and want to transfer to that waiver have also been afforded the opportunity to do so.

ODJFS-also filed an Administrative Code rule that establishes a process for prior authorizing private duty nursing services for consumers enrolled on an ODMR/DD or ODA-administered waiver who require continuous nursing in excess of fourteen hours per week. This process will also be used to authorize similar services to adult consumers not enrolled on a waiver but who require private duty nursing services. Children will be assured continuous private duty nursing services through the Healthcheck benefit.

ODJFS worked with the Ohio Olmstead Task Force to develop both rules.

ODJFS will request additional Home Care and Transitions Waiver slots to accommodate Core Plus customers who are eligible for these programs.

ODJFS received CMS approval of the renewal of the Ohio Home Care Waiver in December 2005. The renewal included additional waiver slots that were used to accommodate the transfer of eligible Core-Plus consumers to the Ohio Home Care Waiver when the Core-Plus benefit was eliminated on July 1, 2006.

ODJFS will develop and request the following from CMS: a Self-Directed Care Waiver in SFY 2005 &2006; a Community Resource Waiver from CMS in SFY 2006 & 2007; and a Sub-Acute Waiver in SFY 2006 & 2007.

ODJFS initially pursued the development of the self-directed care, community resource and sub-acute waivers as part of a comprehensive Ohio Home Care Program redesign intended to contain costs and increase consumer choice and control over home and community-based services. Among other things, the three waivers would have had three different monthly service cost caps that were intended to manage cost and services. After further review and analysis, ODJFS chose not to develop the community resource and sub-acute waivers. Instead, the department redirected its attention to the existing Ohio Home Care Waiver. ODJFS received CMS approval to renew the Ohio Home Care Waiver in SFY 2006 with changes to the waiver's eligibility criteria. The Ohio Home Care Waiver will now serve consumers with an intermediate or skilled level of care who are between the ages of 0 through 59 years.

Concurrently, ODJFS received CMS approval of a new Transitions Carve-Out Waiver that serves the needs of Ohio Home Care Waiver consumers age 60 and older who are affected by the new Ohio Home Care Waiver eligibility criteria. This waiver is closed to new enrollment, thereby directing new applicants to state plan home health services, and waivers administered by ODA. Both waivers maintain the same service packages, and offer greater opportunities for choice and selection of providers, including family members who are not the consumer's spouse or birth, or adoptive parents or foster parents.

Later in SFY 2007, ODJFS will also implement a new funding range methodology as part of both waivers that will more accurately predict consumers' individual costs.

ODJFS will pursue an SFY 2008/2009 budget initiative to develop a self-directed care waiver.

ODJFS will transfer eligible CORE Plus consumers to other waiver programs before SFY 2008.

This strategy has been completely implemented.

IO will be renewed March 1, 2004. At that time, an individual cost cap will be equal to average cost of providing services to a person with similar needs in a licensed ICF/MR setting. Current waiver enrollees whose service costs are above the newly established cap will be grandfathered into IO in the first year. As Level Three is implemented, these consumers' needs will be evaluated to determine whether the Level Three waiver will meet their needs.

ODMR/DD and ODJFS will establish timeframes for the Level Three waiver. ODMR/DD will involve County Boards, advocates, providers, and other stakeholders in the development of Level Three. ODMR/DD and ODJFS will submit a waiver proposal to CMS during SFY 2005.

In July, 2005, the Individual Options (IO) waiver was amended to allow a total of 12,576 recipients. The IO waiver currently serves more than 11,500 Ohioans with developmental disabilities and participation has grown by 28% since the release of the *Ohio Access 2004* report. The strategies in the *Ohio Access 2004* report assumed that Ohio would seek funding for a Level Three waiver for those individuals whose costs exceed a proposed cap on the IO waiver. However, with the implementation of the state's new Waiver Reimbursement System, which assigns funding levels based on individual needs and has no cap on costs, the IO waiver can be used to meet the needs of the consumers who would have benefited from the Level Three waiver.

ODMR/DD and ODJFS will redesign RFW to enable money to follow the person and, by SFY 2008, move all RFW consumers to the IO waiver and eliminate RFW.

The facility-based Residential Facilities Waiver (RFW) was restrictive and did not allow the funding to follow a person as he or she moves from place to place. The more flexible IO waiver allows individuals to receive services in the residential option of their choice. In SFY 2005, the RFW was closed and all recipients were transferred to the IO waiver.

ODJFS and ODMR/DD will convert CAFS from a cost-based system to a fee schedule in SFY 2004.

Due to concerns raised at the federal level that could not be resolved, the state had to eliminate the CAFS program as a state plan service in SFY 2005.

ODJFS will work with ODMR/DD to move Skills Development and Support services to other ODMR/DD-operated waiver programs during SFY 2005.

Skills Development and Support services were added to other ODMR/DD-operated waiver programs during SFY 2005.

ODJFS will seek federal permission on behalf of ODA in SFY 2004 to convert the Choices model waiver to a home and community-based (1915c) waiver that will serve approximately 350 people in SFY 2005.)

Choices is a waiver program for Ohioans age 60 and older who choose to self-direct their services and supports. ODA has expanded its Choices waiver to rural southern Ohio in addition to central Ohio. Choices has been converted from a demonstration waiver to a Medicaid home and community-based services waiver. Over 230 individuals were enrolled in Choices during SFY 2006.

Proposed New Waivers

ODMR/DD and ODJFS will develop an MR/DD Independence Plus waiver proposal and submit it to CMS in SFY 2005.

ODMR/DD and ODJFS will develop an MR/DD Independence Plus waiver proposal and submit it to CMS in SFY 2007. The Independence Plus waiver design is aided by the receipt of a federal Real Choice Systems Change 2005 grant from CMS.

ODMR/DD will identify five counties to participate in the approved waiver and, if approved by CMS, implement in SFY 2005

ODMR/DD has identified 17 counties who would like to participate and are able to provide the non-federal match for the waiver and, if approved by CMS, implementation will begin in SFY 2007.

ODJFS will resubmit the Governor's SFY 2004 assisted living Medicaid waiver proposal for consideration in the SFY 2006-2007 budget.

The FY 2006-2007 budget bill created a new assisted living Medicaid waiver. The federal Center for Medicare and Medicaid Services approved Ohio's request for the new waiver and enrollment began July 1, 2006. Eligibility is limited to persons age 21 and older enrolled in PASSPORT, Choices, or the Ohio Home Care Waiver, and those residing in nursing facilities and eligible for Medicaid. A maximum of 1800 participants have been approved by CMS for each of the first three years of the waiver.

Early Intervention and Autism

ODMR/DD will work with ODJFS and the Department of Health (ODH), and in cooperation with the Ohio Autism Task Force, to develop recommendations for the SFY 2006-2007 budget about developing an early intervention waiver, autism waiver, or both.

In fiscal year 2007 work continues on a Medicaid waiver for individuals with autism. The proposed waiver would provide a set of intensive behavioral interventions as well as specialized intervention services and therapies to children three to six years of age (or until entry into the first grade) with autism. Initially, the waiver would be limited to 200 waiver slots in three to five counties. Expansion of the waiver would depend on the success of the model waiver and available funding.

As part of the redesign of Ohio Home Care, ODJFS will apply for a grant from the Robert Wood Johnson Foundation in SFY 2004 to support the development of a self-directed care waiver.

ODJFS submitted a Cash and Counseling grant application to the Robert Wood Johnson Foundation in March, 2004; however, the proposal was not funded. ODJFS will pursue an SFY 2008/2009 budget initiative to develop a self-directed care waiver.

Pending federal approval, ODMR/DD will implement a Community Access model waiver during SFY 2004, enrolling 55 people during the first full year of waiver operation and approximately 200 people by the end of the third year.

ODMR/DD withdrew its proposal to develop a Community Access Model Waiver to transition individuals from the now-closed Apple Creek and Springview Developmental Centers. The Individual Options (IO) waiver was used instead by those individuals seeking a community placement.

During the SFY 2006-2007 budget process the Administration will resubmit its proposal (or a similar version) to remove the ICF/MR program from the state plan and replace it with a waiver.

A three year pilot program was created in the SFY 2006-2007 budget to test the ICF/MR to Waiver concept with up to 200 volunteer facilities and waiver participants. An advisory council was also created to assist ODJFS and ODMR/DD in developing a waiver that will meet both state statutory and CMS requirements. A draft waiver proposal was submitted to CMS for comments, but CMS has indicated that they will not approve this waiver as currently proposed.

Provide Information Consumers Need

People with disabilities need timely, accurate, and complete information about available services from trusted sources in order to make informed decisions. This is especially true, because as Ohio's system of long-term services and supports becomes more consumer focused, it also becomes more difficult to navigate due to an expanding number of service options.

Though not envisioned in *Ohio Access 2004*, CMS and the Administration on Aging offered competitive grants to states to create Aging and Disability Resource Centers (ADRC). ODA successfully applied for an ADRC grant and is piloting Ohio's first

ADRC in SFY 2007 in Cuyahoga County. The purpose of the ADRC is to streamline access to services for consumers and to assist elders and Ohioans with disabilities to plan for future needs.

ODA will select a contractor in March 2004 to develop and implement No Wrong Door Ohio for public use in July 2005.

Ohio Access 2004 envisioned the creation of a “No Wrong Door” website utilizing federal Real Choice Systems Change grant funds to create a database of information about long-term services and supports in Ohio. In consultation with consumers, the web portal was renamed Connect Me Ohio (CMO). CMO went “live” in May 2005. Plans for SFY 2007 call for the development of a “housing annex” to provide information on accessible and affordable housing. The Ohio Housing Finance Agency and the Department of Development are playing a crucial role in the development of the “annex.” Also, we will be deploying a new “consumer decision tool” to assist consumers who, while knowing their own needs, are not familiar with Ohio’s long-term supports program structure

ODA will coordinate the Ohio Access agencies and others to expand the Long-Term Care Consumer Guide by June 2007.

The 2006-2007 budget expanded the consumer guide to cover residential care facilities (i.e., assisted living) as well. ODA has just completed a satisfaction survey of family members of nursing facility residents and developing a new residential care facility resident satisfaction survey. The Long-Term Care Consumer Guide can be accessed online at lcoho.org. The budget bill also includes a provision that includes customer satisfaction as a factor in the new nursing facility funding formula.

ODA will implement a statewide long-term supports consultation in SFY 2004

Statutory authorization for these consultations was included in the SFY 2006/2007 budget bill and ODA has shared draft implementation rules with stakeholders. At present Ohioans can receive a free in-person consultation regardless of their source of income through the regional Area Agencies on Aging.

ODA and ODJFS will assess the current pre-admission review process for nursing facility admission in SFY 2004 and make legislative recommendations (if needed) to ensure that individuals receive the information they need to make choices about their care.

In part this strategy has been included in the overall focus on long-term supports consultation ODFJS will provide resources to work with affected state agencies (ODJFS, ODA, ODMRDD and the Department of Mental Health (ODMH) and stakeholders to review and update level of care and PASRR criteria and processes. ODJFS, ODA, ODMRDD and ODMH have reviewed and proposed changes to the state’s PASRR screening and assessment processes to more appropriately identify persons who should be

assessed for mental illness or/and mental retardation/developmental disabilities. These changes will be refined after further stakeholder discussion.

ODMH will pilot the Network of Care in select Ohio counties in SFY 2004 and, based on the evaluation results, implement an expansion strategy in SFY 2005.

There are currently 8 counties (through 7 local ADAMH/CMH board areas) implementing the Network of Care which is a web-based portal for consumers that provides information about behavioral health services and supports.

Financially support consumer choice

Consumer choice and control has been widely recognized as having both a positive impact on the costs of formal long-term supports and on customer satisfaction as consumers increasingly seek greater independence and self-sufficiency through the ability to control the services that impact their lives.

The national evaluation of the Cash and Counseling (C & C) demonstration pointed to a decreased reliance on both hospitals and nursing facilities by C & C participants as more than offsetting the higher costs of individual service plans (which resulted from another positive outcome – C & C participants received a much higher proportion of the services authorized for them than do participants in traditional agency-based program models).

Since *Ohio Access 2004*, much greater emphasis has been placed on allowing funding to be used to support consumers wishing to reside in community settings as an alternative to facility-based services. These “Money Follows the Person” initiatives have been endorsed in many states already (including endorsement by the Ohio Commission to Reform Medicaid). Congress, in the Deficit Reduction Act of 2005 created a national competitive demonstration for states wishing to assist consumers in relocating to community settings from institutions and rebalancing their long-term supports systems. ODJFS in consultation with the Ohio Access agencies applied for a Money Follows the Person grant in November 2006. This grant offers enhanced federal match for a time limited period to encourage states to move currently institutionalized individuals to community placements.

ODJFS will implement the Success Project in SFY 2004 and provide payment for transition services for up to 250 nursing facility residents during SFY 2004-2007.

The Ohio Access Success Program (Success Project) has expanded Ohio’s capacity to serve consumers with long term care needs in the community by identifying individuals living in nursing facilities that desire to live in a community-based setting and can do so safely with linkages to community services and supports.

The Success Project began taking referrals in May 2004 in a five-county pilot area and went statewide in February 2005. By July 2005, ten people moved from nursing facilities

to community-based settings with assistance from the Success Project. As of July 1 2006, 435 people had been referred to the program, and 93 actually relocated.

Additionally, 250 nursing facilities have been educated about the project, along with numerous other social service agencies, nursing home provider organizations, and other groups. ODJFS, the Center for Independent Living Options, the Brain Injury Association of Ohio and Easter Seals of Central and Southeast Ohio are currently responsible for implementing and evaluating the Success Project.

Support informal caregivers

Informal caregivers continue to supply the vast majority of long-term services and supports that allow elders and Ohioans with disabilities to remain in community settings.

We also acknowledge that informal caregiving is also a “jobs” issue. A new study by MetLife estimates that the total cost to businesses for full time employees with caregiving responsibilities is more than \$33 billion.

ODA will work with Ohio’s 12 Area Agencies on Aging to publicize the National Family Caregiver Support Program (NFCSP) during SFY 2006-2007

This program has been implemented statewide and specific information is available through the Connect Me Ohio website. In CY 2005, NFCSP provided services to more than 57,000 informal caregivers, including respite services, training, support groups, information and assistance, counseling, and other supplemental services.

Focus on Behavioral Health

Ohio’s behavioral health system includes publicly funded mental health services and alcohol and drug addiction services. In contrast with elders and Ohioans with physical or developmental disabilities, many persons with serious behavioral health care needs experience long-term but episodic illness. Since insurance for behavioral health care is often lacking or very limited in scope, the publicly funded behavioral health system in Ohio functions as a safety net.

In past years, Ohio’s behavioral health system has been recognized as a national model due to its focus on community services and supports. Yet over a twenty year period, Ohio’s rank in funding behavioral health services has dropped from 17th to 34th (in 2000).

Ohio’s behavioral health system faces unique financing challenges. A longstanding federal policy excludes federal Medicaid reimbursement for inpatient psychiatric hospitalization for individuals aged 22 to 64. This means that, unlike other delivery systems related to Ohio Access, the behavioral health system is unable to use Medicaid home and community based waivers to “refinance” and generate additional federal funds for expanded services.

Increase Behavioral Health Community Based Services

ODMH and ODADAS will seek additional funding in the SFY 2006/2007 budget to increase behavioral health community based services

The ODADAS GRF budget was increased by 8.5% in FY 2006 and by 4.4% in FY 2007.

The ODMH GRF budget was increased by 4.2% in FY 2006 and by 3.2% in FY 2007. Additional funds were provided to maintain current capacity/staffing levels in ODMH facilities; provide emergency safety net funding to prevent reduction of essential community services; and to support the Access to Better Care (ABC) Initiative, an interagency approach to improve behavioral health services to children and youth in many settings (e.g. early childhood, foster care, schools, and youth services settings).

Maintain Public/Private Inpatient Capacity

ODMH will continue to monitor access and adequacy of hospital and community acute care in the public and private sectors, and recommend changes in policy, rates, or budgets as needed in order to sustain access to acute inpatient behavioral health services.

ODMH continues to monitor public and private inpatient capacity as well as assess and provide guidance related to issues that impact access to acute inpatient behavioral health services. The state's acute inpatient psychiatric capacity in Ohio has continued to decline from 2002-2005, although at a much slower rate than from 1997-2002.

Strengthen Behavioral Health Medicaid Administrative Processes

ODMH, ODADAS and ODJFS will standardize Medicaid payment contracts and uniform cost reporting, and add ACT and IHBT as Medicaid reimbursable services in SFY 2005.

ODMH and ODADAS have promulgated parallel Ohio Administrative Code rules governing uniform cost reporting by providers/programs. These rules became effective for all cost reporting beginning with SFY 2006. ODMH and ODADAS are completing the standardization of cost reporting by proposing parallel uniform cost reporting agreed upon procedures rules to be effective beginning with SFY 2006 actual uniform cost reports.

ODJFS, in cooperation with ODMH, submitted a state plan amendment (SPA) to the CMS to add coverage for Assertive Community Treatment (ACT) and Intensive Home Based Treatment (IHBT). CMS received this SPA in June 2005 and responded with a number of clarifying questions. ODJFS and ODMH have been engaged in on-going dialogue with CMS in order to gain federal approval of the SPA.

ODMH, ODADAS and ODJFS will implement provider-specific fixed rates for community participating providers in SFY 2007.

With the implementation of parallel ODADAS and ODMH Ohio Administrative Code rules governing uniform cost reporting for SFY 2006, the departments will have consistently reported provider cost information for analysis. The actual cost information as reported by providers/programs in SFY 2006 will initially be analyzed using the existing provider-specific fixed rate methodology developed for ODADAS by the actuarial firm of Tucker-Allan. Other methodology options may be explored as ODADAS, ODMH and ODJFS explore changes in how provider rates are established.

ODMH, ODADAS and ODJFS will implement other elements of the Medicaid Business Plan during SFY 2005-2008 and finish the project in SFY 2009.

Beginning in SFY 2005, ODJFS initiated a comprehensive redesign of its Program Integrity Model for Medicaid that will supersede the Medicaid Business Plan. As part of this initiative, ODJFS staff conducted a series of structured interviews with staff from the other state agencies that provide Medicaid services and identified a number of areas in which significant change is essential in order to bolster Program Integrity. On the basis of those interviews, ODJFS is assuming a more centralized role in conducting surveillance and utilization review for Ohio's entire Medicaid system and developing a work plan to address other gaps. In collaboration with other state agencies, ODJFS also promulgated rules which authorize sister state agencies to perform Revised Code 119 hearings on Medicaid overpayments and make adjudication recommendations to ODJFS

Provide Access to Better Care for Children

ODMH and ODJFS will work with interested stakeholders in SFY 2004 to identify strategies to expand the supply of behavioral healthcare to priority populations. ODMH will implement Access to Better Care during SFY 2005 as an extension of Partnership for Success planning through the Ohio Family and Children First Initiative.

The ABC Initiative was created in the SFY 2006-2007 budget and is now being implemented and evaluated. ABC includes efforts to improve behavioral health services from birth through transition to adulthood. Many programs in the ABC effort are being piloted to test feasibility and impact in Ohio, examples include: evidence based parent training models (Positive Parenting Program, Incredible Years), assessment of young children, school-based behavioral health services, and projects to divert youth with behavioral disorders from incarceration to community care. Aspects of the ABC Initiative implemented statewide include Early Childhood Mental Health Consultants to preschool/child care settings, and parental advocacy support for families whose children need local service coordination. The results of these efforts confirm the substantial extent of unmet needs, the effectiveness of parental support and training, and the ability to successfully implement evidence based treatment programs in Ohio.

Implement the President's New Freedom Commission Recommendations

**ODMH will initiate a comprehensive planning process before January 2005.
ODMH will release a comprehensive state mental health plan no later than SFY 2007.**

Ohio has been awarded \$12 million by the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance system transformation planning. The Mental Health Transformation State Incentive Grant (TSIG) is part of the federal response to the President's New Freedom Commission on Mental Health. As one of seven states receiving funding, Ohio will serve as a platform for learning about what strategies and activities hold the most promise for transforming mental health and related systems. The grant funds may only be used for infrastructure changes, such as planning, collaborating, blended funding, or developing service concepts, policies and procedures that support a transformation agenda. A multi-agency Cabinet level group will examine and improve the approach to care across the many areas of government (e.g., health care, criminal justice, education) that touch the lives of persons with mental illness and their families. ODMH will work closely with the Strategic Advisory Committee, a diverse group of mental health system representatives, to develop and implement a variety of supportive materials to create a common understanding and consensus to support mental health transformation and a customer focused system with the expectation of recovery and resiliency.

The Strategic Advisory Committee has launched the "A New Day Ohio" Website to promote awareness of the need for mental health transformation and support for the work on Ohio's Mental Health Transformation State Incentive Grant, part of the federal response to the President's New Freedom Commission on Mental Health.

***ODMH will coordinate distribution of "pilot" anti-stigma public service announcements and materials for the business community and schools in mid-2004 and cooperate in the federal evaluation of the program.
ODMH will coordinate the distribution of final anti-stigma materials in September 2005.***

The Ohio Department of Mental Health participated in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Elimination of Barriers Initiative (EBI) to help guide the messages and materials for reducing stigma and discrimination associated with mental illness. The Ohio initiative focused on schools, particularly educators of high school students, superintendents, principals, guidance counselors, school nurses, school board members and other school personnel. Students, families of students, and the general public were also targeted.

ODMH will join the National Violent Death Reporting System in SFY 2004.

The Ohio Department of Mental Health launched a statewide foundation for suicide prevention in September 2005. The Ohio Suicide Prevention Foundation operates in partnership with the Ohio State University, College of Education. The mission of the Foundation is to promote suicide prevention as a public health issue and advance evidence based awareness, intervention and methodology strategies to support all Ohio based suicide prevention efforts. The Foundation is accomplishing this mission by implementing a two year business plan created by the Suicide Prevention Team planning committee. The Ohio Suicide Prevention Foundation is jointly funded and supported by three state systems, private donations, a federal grant, and fundraising activities.

ODMH will implement age-appropriate suicide prevention programs in schools beginning in SFY 2004 using the department's Red Flags and Teen Screen programs as models.

The Ohio Department of Mental Health in partnership with Columbia University supported the development of sixty-four (64) sites in Ohio to implement the TeenScreen program. Approximately 95% of these sites are in schools. In 2006, 4,205 youth were assessed utilizing an evidence based screening tool for early identification of mental illness and suicide risk. The Ohio Suicide Prevention Foundation was designated by the ODMH as the eligible applicant to apply for block grant funds from SAMHSA under the Garrett Lee Smith Memorial Act. A grant was awarded to Ohio that will provide access to mental health and suicide risk assessment screening for approximately 35,000 youth.

During the 2003-2004 school year, 149 schools in 54 counties in Ohio received Red Flags materials and implemented at least one of the three program components. Approximately 494 students were identified with concerns of depression. To date, more than 656 public schools and 144 non-public schools in Ohio have received a Red Flags program kit.

Improve Quality and Outcomes for Individuals

As part of our focus on improving long-term supports for all Ohioans, the Ohio Access agencies recognize that we must also rethink long-standing approaches to quality management that have focused almost entirely on an "inspection" model of quality assurance. Adding impetus to this reexamination, CMS has published a new Quality Framework for home and community based services. Finally, while it is clear that the scope and size of Ohio's long-term supports needed to be expanded and rebalanced to better meet consumer choice,, it is equally important for our long-term supports system to produce good outcomes for consumers.

Measure Service Satisfaction and Outcomes

Moving from an "inspection" model to a true quality management model requires that we develop new measures, instruments, and systems that create new consumer-centric

models of quality assurance. Historically, our quality assurance systems have relied on quantifiable indicators of quality that are easily measurable and documented, such as hours of worker training and case manager sign-off on plans of care. Although these indicators may provide useful information to prevent or correct adverse outcomes, consumer centered quality measures are necessary to gauge the success of the system in helping consumers achieve positive outcomes. In *Ohio Access 2004*, the Ohio Access agencies created a series of strategies to create and deploy these quality measurers.

ODMH will monitor and support statewide implementation of Consumer Outcomes System in SFY 2004, expand Consumer Quality Review Teams as funds allow, and identify a target audience and resources to support a satisfaction and outcome survey.

Consumer Outcomes are one of the key components of the ODMH Quality Agenda and the Consumer Outcomes System is starting to produce results. Currently, production data are flowing from 50 boards and more than 300 providers, and the production database contains well over 1,000,000 records relating to more than 300,000 unique consumers. In April 2006 the Consumer Outcomes Datamart (ODM) went live. The ODM allows users to make effective use of Outcomes data by guiding users (community mental health boards & agencies; mental health consumers and family members; state agencies; and the general public) to the desired information through a series of simple, easily understood questions supported by on-screen lists and instructions. The ODM represents a significant step in ODMH's efforts to address one of the key goals of the President's New Freedom Commission – "Technology Is Used to Access Mental Health Care and Information."

ODADAS will integrate its Outcome Framework Initiative into its resource allocation processes and community planning guidelines in SFY 2005.

The ODADAS Community Plan Guidelines for SFY 2006 – 2007, distributed on December 21, 2004, represented ODADAS' intent to continue to assist and partner with boards and providers to further implement outcome thinking into the alcohol and other drug prevention, treatment and recovery services system. The efforts and advice of boards and providers over the past four years of the Outcome Framework implementation were appreciated and incorporated into the guidelines. Developments at the federal, state and local level continue to serve as catalysts in shaping the outcome-oriented direction of the community plan guidelines. Some of these developments include: The Government Performance and Results Act (GPRA), the National Outcome Measures (NOMs), Performance Ohio and the governor's Shareholders Group.

Each Ohio Access agency will be able to measure service satisfaction and outcomes in all of its long-term service and support programs by SFY 2008.

The Ohio Access agencies all have significant experience in measuring service satisfaction and outcomes for its programs as noted in *Ohio Access 2004*. We continue to use the instruments noted in that report and, as noted above, ODA is developing a residential care facility satisfaction survey that will be utilized statewide in 2007.

ODMR/DD through the QA/QI grant will identify areas of improvement in effectiveness and efficiency specific to the management and delivery of services and supports to individuals with disabilities, as part of the design and development of the quality management information system.

ODMR/DD was a recipient of the Real Choice Systems Change QA/QI grant in 2005. The focus of that grant has been the development of a quality framework within which the ODMR/DD quality assurance functions operate. The construction of the technology infrastructure that would support the integrated reporting of data from quality assurance reviews is the second goal. The project will enable the department to report the results of its quality assurance reviews to multiple users including families and individuals with disabilities. The project includes five (5) counties as demonstration sites for its proposed web interface method of information access. Formative learning from ODMR/DD's experience with this grant can be useful to both ODJFS and ODA in further developing a total quality management system consistent with the CMS quality framework.

Address healthcare workforce shortage issues

The Ohio Healthcare Workforce Advisory Council under the leadership of ODA will implement a statewide public awareness campaign in SFY 2004 with funding from the Governor's Workforce Policy Board to promote the value of direct support workers in all settings (nursing homes, home care, day activity centers) and service recipient groups (frail elders, adults with physical disabilities or behavioral health needs, etc.)

The Ohio Healthcare Workforce Advisory Council will convene an interagency workgroup in SFY 2004 to identify core skill competencies for direct support workers across work settings and client populations to serve as the foundation for developing a statewide credential process.

Ohio has benefited from the work of several statewide task forces during the last four years that acknowledged the seriousness of Ohio's healthcare workforce shortage. ODA worked with a statewide task force to create the "Make Care Your Career" campaign and developed core competencies for healthcare workers. ODA continues to work with the "Jobs Cabinet" to address worker shortages. The healthcare workforce shortage committee, chaired by ODA Director Kearns, developed the following recommendations.

- Ohio must continue to attract more Ohioans to the healthcare field,
- Increase training capacity to relieve the waiting lists to get into training programs, graduate more healthcare workers, and
- Foster more public/private partnerships to assure workforce supply needs continue to be effectively addressed.

Enhance Quality in Nursing Facilities

ODH through TAP will continue to develop new programs and provide technical assistance to improve long term care services in Ohio. One of TAP's priorities for the upcoming year is to provide training to improve the leadership skills of frontline nursing staff in Ohio's long term care facilities.

Ohio's Technical Assistance Program ("TAP") provides educational resources to Ohio nursing facilities that will improve the quality of care and quality of life for nursing home residents. TAP works directly with nursing facilities to implement programs that improve quality in areas such as self-care for seniors, functional improvement (i.e., activities of daily living), and preventing dehydration. TAP also provides expert technical consultation to nursing facilities; provides up-to-date materials and information regarding identified problem areas; and assists facilities in implementing programs by conducting training sessions for facility staff and developing policies and procedures.

In addition, TAP facilitates Performance Improvement Projects, which teach quality improvement processes in such areas as abuse prevention and staff retention among frontline state-tested nurse aides, leadership skills of frontline nurse managers, and falls prevention. . As a result of these Performance Improvement Projects, two new programs were developed and implemented for long-term care facilities in Ohio: "Management of Urinary Incontinence" and "Effective Leadership for Frontline Nurses." The latter program focuses upon effective listening, communication skills, conflict resolution, team building, the process of change, and the characteristics of an effective leader. Approximately 264 workshops have been conducted since the program was implemented in October 2005; 2,686 staff from 303 different nursing homes have attended these workshops. In addition, two additional programs are currently being developed for implementation in 2007: the "Nurse Aide Series," which will focus on effective communication, conflict resolution and process of change, team building, on-the-job professionalism, and competence/time management for nurse aides; and "Falls Management," which will offer ideas for investigation, prevention, and developing a facility-wide program to help manage falls.

Finally, TAP facilitated a multi-organization task force (which consisted of representatives from ODH, ODJFS, ODA, provider associations, resident advocacy groups, and the State Long Care Ombudsman's Office) to develop training materials that would assist long-term care facilities in handling allegations of abuse, neglect, misappropriation, and injuries of unknown source. The task force spearheaded a performance improvement project focusing upon the prevention of "staff to resident" physical and verbal abuse, and analyzed the causes and solutions for such abuse from a variety of perspectives. Using state and federal regulations, the task force developed two written guides to assist Ohio nursing homes in investigating and reporting abuse, neglect, misappropriation, and injuries of unknown source.

ODH will request a statutory waiver in SFY 2004 to conduct an abbreviated annual survey for the top ten percent of nursing facilities based on their performance the previous year.

ODH will initiate a research-based initiative with foundation funding to redesign the federal survey process to better focus patient outcomes, key processes, and a less predictable survey schedule.

In 2004, Ohio requested a waiver from the traditional LTC survey process from CMS. CMS denied the request, but selected Ohio to be one of several states participating in CMS's Quality Indicator Survey ("QIS") pilot program. The QIS pilot program process was designed to achieve the following goals:

- Focus survey resources on facilities with the largest number of quality concerns;
- Improve consistency and accuracy of quality of care and quality of life problem identification using a more structured process;
- Comprehensively review the full range of regulatory care areas within current survey resources; and
- Enhance documentation by organizing survey findings through automation.

Ohio will continue to participate in the QIS pilot program through December 2006. Independent researchers are currently evaluating the QIS process to determine whether established goals are being met prior to proceeding with nationwide implementation. Five additional surveyors received training at the University of Colorado in October 2006, which increased the total number of QIS trained surveyors to thirteen. In February 2007, Ohio will participate in the Train-the-Trainer program in order to further expand the number of surveyors completing the QIS survey process.

Get the Best Possible Value from Taxpayer Investments

Ohio Access 2004 envisioned fundamental alterations to Ohio's long-term supports system that would both provide meaningful choices to Ohioans with disabilities while at the same time ensuring that taxpayers get the best possible value for their investments. Fortunately, greater consumer choice often leads to improved outcomes and greater cost-effectiveness, which is critically important given constraints on public budgets.

Articulate Clear Principles for System Design

Ohio Access 2004 anticipated a system where:

- Money follows people across all long-term care settings and services.
- People with disabilities control the resources they use to access services and supports.
- Public funds are allocated based on an individual's need and personal resources, and the availability of public resources.

- All Ohioans anticipate that they may some day need long-term services and supports and responsibly plan for that possibility.

ODJFS, ODA and ODH will work with the Ohio General Assembly's Nursing Facility Reimbursement Study Council to recommend proposals for the SFY 2006-2007 budget.

The nursing facility reimbursement methodology went through a significant reform in Am. Sub. H.B. 66. The new formula moves the state from cost-based reimbursement to a price based system and provides that a portion of the nursing facility's reimbursement is conditioned on its achieving certain quality outcomes.

ODJFS and ODMR/DD will implement a new reimbursement system for all ODMR/DD administered waivers in SFY 2004.

ODMR/DD implemented a new Waiver Reimbursement System—which assigns funding levels based on individual needs. All waiver recipients are to be transitioned to the new system by June 30, 2007.

ODJFS, ODMH, and ODADAS will convert behavioral health care reimbursement systems during SFY 2006-2007.

With the implementation of parallel ODADAS and ODMH Ohio Administrative Code rules governing the uniform cost reporting for SFY 2006, the departments will have consistently reported provider cost information for analysis. The actual cost information as reported by providers/programs in SFY 2006 will initially be analyzed using the existing provider-specific fixed rate methodology developed for ODADAS by the actuarial firm of Tucker Alan, Inc. Other methodology options may be explored as ODADAS, ODMH and ODJFS engage with CMS on State Plan Amendments to change how provider rates are established.

Involve Consumers in Planning and Program Design

ODA will ensure that federal grants related to Ohio Access are coordinated to provide ongoing financial support to the Ohio Olmstead Task Force.

All of the Ohio Access agencies continue to work closely with the Ohio Olmstead Task Force. Pursuant to an interagency agreement between ODJFS and ODA, ODA chairs the Real Choice Systems Change Steering Committee to ensure coordination of all RCSC grants received by Ohio. Membership of the Steering Committee is comprised of consumers (in each of the seven grant areas) and staff from each of the state agencies that have received one or more RCSC grants. Financial support has been provided to the Ohio Olmstead Task Force through the 2002 Real Choice Systems Change grant.

Each Ohio Access agency will broadly disseminate information about Ohio Access activities – and particularly this report – through existing advocacy networks. ODA will coordinate Ohio Access departments to provide consumer and advocate training about how to conduct effective legislative visits during SFY 2004-2005.

Ohio Access-themed documents have received broad distribution. The Office of Budget and Management has created a specific web page for Ohio Access documents. In December 2006, the annual Governor’s Conference on Aging had Ohio Access as its sole theme for the day.

ODMR/DD will continue its self-determination initiative with a focus in 2004 of training individuals with MR/DD in self-advocacy.

In 2004 - 2005, Community Resource Associates, Inc. was awarded a contract to provide training across the state of Ohio to providers, family members, and individuals with disabilities. A total of 126 trainings were given, during which 3,012 people were trained. The topic of the trainings was “Self-Determination in a Medicaid Environment” and the focus was on the five principles of self-determination and how to incorporate them into Ohio’s MR/DD business structure. In 2005- 2006, another contract was awarded to Community Resource Associates, Inc., this time concentrating on ten county boards of MR/DD, with the key element of the initiative being to “facilitate a greater understanding and commitment to person-centered planning linked to an individual budget for individuals with developmental disabilities, and develop a plan to reduce or eliminate systemic barriers that potentially go against the principles of self-determination.” From the original ten counties – all of whom were asked to complete a survey on their procedures regarding person-centered planning and creating individual budgets – two counties have dropped out, but eight are still involved. A new Request for Proposals was issued for 2006 - 2007 to continue the work started last year. The review process for those proposals is currently underway.

Coordinate across agencies

The Ohio Access cabinet will update the Ohio Access report every even-numbered year.

This report constitutes the update of the Ohio Access 2004 strategies.

The Governor’s office will coordinate the Ohio Access cabinet to visit every state legislator during SFY 2004 to discuss Ohio Access principles and enlist support for its recommendations in the SFY 2006-2007 budget.

The Governor’s office will coordinate the Ohio Access cabinet to provide leadership and testimony in SFY 2004 to all legislative committees with responsibility for services and supports for people with disabilities.

Under the direction of the Governor’s office, the Directors of the Ohio Access agencies divided the list of state legislators and made visits to each beginning in the summer of 2004.

The issuance of recommendations from the Ohio Commission to Reform Medicaid provided additional opportunities to highlight Ohio Access activities since many of OCRM's recommendations paralleled those of Ohio Access.

ODJFS will immediately organize existing data to create a more complete picture of Ohio's long-term services and supports and work with Ohio Access agencies to refine data collection to be more useful in the development of the SFY 2006-2007 budget. Ohio Access departments will make recommendations in the SFY 2006-2007 budget for systems changes that are necessary to improve data collection.

In FY 2006, ODJFS hired a consultant to evaluate its business intelligence capacity. The department has also expanded access to its Decision Support System to include staff from other state agencies that provide Medicaid services. Planned enhancements to DSS or the successor system will include linkages with other agency data. This will increase the state's capacity to conduct analysis associated with long term supports and related policy planning. .

The Ohio Access cabinet will coordinate decisions about federal grants that involve more than one state agency to implement, and identify a department leader for each grant.

The Ohio Access departments will rely on input from the Ohio Olmstead Task Force to make decisions about which federal grants to pursue.

Ohio has received three grants and applied for a fourth in the last two years. ODA successfully applied for an Aging and Disability Resource Center grant in 2005. The purpose of the ADRC grant is to streamline access points into the system for consumers, consistent with an important Ohio Access strategy - provide information consumers need. The ADRC is a unique partnership between an Area Agency on Aging and a local center for independent living (CIL) to serve both older Ohioans and younger Ohioans with physical disabilities. Cuyahoga County is the first ADRC pilot site in Ohio.

ODJFS, in consultation with other Ohio Access agencies, developed a proposal for a "Money Follows the Person" (MFP) demonstration project. ODJFS submitted Ohio's grant proposal on November 1, 2006. If successful, over a five year period, Ohio would receive enhanced federal matching funds for Ohioans who have resided in institutions for at least six months that would facilitate their return to community living. Grant activity for MFP will commence in January with a planning phase.

Convene an Ohio Access housing task force.

The Governor's Office will convene an interagency task force in SFY 2004 to survey the state's current efforts to provide affordable housing for people with disabilities, receive input from consumers and advocacy organizations about expanding access to affordable housing, and develop recommendations for consideration in the SFY 2006-2007 budget.

The vehicle for our housing strategy is the creation of the Governor's Coalition on Homelessness and Housing, chaired by the Lieutenant Governor. One of the subcommittees of the Coalition is specifically charged with implementing housing strategies for Ohio Access. The subcommittee contains both consumer representatives and state agency representatives. One of the subcommittee's recommendations is the creation of a statewide database of affordable and accessible housing discussed earlier.

ODA and ODMH will jointly develop a coherent strategy for the Residential State Supplement program (RSS), which is currently closed to new participants and develop recommendations to the Ohio Access Housing Task Force for consideration in the SFY 2006-2007 budget.

The SFY 2006-2007 budget called for separation of the RSS program in SFY 2007 contingent on the approval of the Social Security Administration. Such approval was not given and ODA continues to operate RSS. However, funds from the Housing Trust Fund were made available to ODMH to improve the quality of RSS providers and to build better linkages between the providers and the community behavioral health boards.

ODJFS will immediately hire a housing coordinator using resources from an existing federal grant to support the Ohio Access to Affordable Housing Task Force.

ODJFS hired a housing coordinator in October 2004. The position was initially funded through a CMS Real Choice Systems Change Grant, but ODJFS 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 stock. To accomplish these goals, the housing coordinator is leading the development of a registry of affordable housing as an annex to the Connect Me Ohio website; planned a statewide housing conference in October 2005 for people with disabilities; co-chairs the Ohio Access Housing Work Group and participates in the Ohio Developmental Disabilities Council - Housing Subcommittee. The housing coordinator also works with consumers and advocacy groups to increase their knowledge of local planning processes, and provides support related to housing for consumers involved in the Ohio Access Success Project.

The housing coordinator must continue collaborating with the housing and disability communities to develop effective systems change strategies that will increase the availability of affordable, accessible and appropriate housing choices and solutions for people with disabilities.

ODMH will create a Mental Health Housing Leadership Institute in SFY 2005.

The Mental Health Housing Leadership Institute has been established. The Institute provides mental health housing consultation services to boards and agencies which may not have enough local resources or expertise to address their local housing needs. Products of that consultation include the development of local housing plans, the development of local continuum of care, grant writing and training and education. As of fall 2006, \$228,000 worth of Mental Health Housing Institute consultation services secured \$6.85 million dollars worth of housing and services for these projects serving persons with serious mental illness who were homeless.

OBM will evaluate Ohio's capital investments in long-term care, and report recommendations to the Ohio Access Housing Task Force in SFY 2004.

The Governor's Office incorporated the Access Housing Task Force into the Interagency Council on Homelessness and Housing (ICHH) that was created via Executive Order. The Access Housing Task Force became a subcommittee of the ICHH's Policy Committee. The task force did not receive an evaluation report and/or recommendations from OBM regarding Ohio's capital investments in long term care in SFY 2004.

Implement Enhanced Care Management

The SFY 2006-2007 budget mandated that Ohio serve a specific subset of the ABD population through a full-risk managed care program. Enrollment activities for this program have already begun

Stimulate the demand for long-term care insurance

ODA will immediately communicate Ohio's support for repealing the federal prohibition on long-term care insurance partnerships to the state's Congressional delegation.

The Governor's office will convene an interagency task force to provide technical assistance related to other options to stimulate demand for long-term care insurance that are under consideration by the Nursing Facility Reimbursement Study Council.

In February, Congress passed the Deficit Reduction Act that repealed the prohibition against state implementation of these "partnership" programs. The Ohio General Assembly moved very quickly to require that ODJFS develop an Ohio program by September 2007. ODJFS has already begun the research and will work with the Ohio Department of Insurance to develop Ohio's Long Term Care Insurance Partnership.

Prevent the Causes of Disability

Disability can enter our life at any point – through accident, illness and age. In some cases, the causes of disability can be prevented. In order to improve the state's

effectiveness in helping to prevent the causes of disability, the Ohio Access cabinet has focused on three specific strategies.

Create a Fetal Alcohol Syndrome Prevention Initiative.



ODADAS will coordinate Ohio Access agencies and others to organize a September 2004 conference to develop a statewide educational campaign to prevent Fetal Alcohol Syndrome (FAS).

On September 9, 2004 ODADAS, in partnership with the Ohio Department of Health (ODH), held a town hall meeting to garner public input on the state of Fetal Alcohol Spectrum Disorder (FASD) in Ohio. Almost 40 people testified in person at this meeting and another 11 people provided written testimony.

ODADAS will coordinate with Ohio Access agencies and others to implement a statewide educational campaign to prevent FAS during SFY 2006.

On August 16, 2005 the first annual FASD conference was held by ODADAS. 340 people attended and participated in this initial conference. The Second Annual FASD Conference was held August 15, 2006.

In February of 2006, each Ohio Access agency participating on the FASD steering committee presented their individualized agency specific work plan of how FASD will be addressed within their service delivery system.

An FASD specific website (www.notasingledrop.org) went live April 3, 2006 and has tools, resources, resource locator, articles and much more information available. All print materials produced for the FASD initiative are also available in electronic format on this website.

Two television Public Service Announcements (PSAs) have been filmed, edited and produced. The first, "Faces of Ohio," began airing April 1, 2006 and the second was filmed on April 6, 2006. Ohio citizens and FASD Initiative participants were used as talent resources in the making of these PSAs.

Pilot Community Projects Focused on Prevention

ODH will provide education and fall prevention services to older citizens and their caregivers through ODA and the Area Agencies on Aging.

ODA, in partnership with ODH staff, have held two statewide training events on falls prevention since the issuance of Ohio Access 2004. In August 2006, ODA successfully applied to the federal Administration on Aging to replicate an evidence-based health promotion activity, "A Matter of Balance." ODA will replicate this program in Cuyahoga County.

ODH will disseminate effective media messages to increase awareness in the general public about the need to control risk factors for stroke, collaborate with partners on public awareness programs regarding blood pressure, and support educational and informational initiatives for health care practitioners in training and in practice. ODH and the Tobacco Use Prevention and Control Foundation will continue current initiatives to reduce smoking.

ODH and the Foundation have collaborated on the Adult Tobacco Survey, the provision of training for cessation counselors, funding the state QuitLine, and as a new priority will conduct a school district survey. ODH staff meet monthly with the senior staff of the Foundation to better coordinate efforts.

ODMR/DD will provide alerts to help people prevent and reduce the possibility of serious incidents from occurring. These alerts include topics such as feeding tubes, pneumonia, and seizure triggers.

Since the 2004 report, ODMR/DD has issued 10 new alerts and reissued 5 alerts.

Expand Early Intervention for Children

Ohio's Help Me Grow program is designed to identify children at the earliest possible age who may have a developmental delay or disability, and to connect families to appropriate services and supports. Help Me Grow served over 21,000 infants and toddlers with developmental disabilities in 2006. Children are being identified earlier through collaborating efforts by state and local agency partners and providers.

ODH, Education, ODJFS, ODMR/DD and ODMH continue to collaborate with the Ohio Family and Children First Initiative to increase the Help Me Grow program's capacity to reach children earlier. The efforts are designed to assist local communities in developing child find approaches in cooperation with health care and child care providers, and improve parent and public education strategies to identify more infants with developmental disabilities before age one.

ODH will work with other Ohio Access agencies to assemble a workgroup that includes counties and others (Academy of Pediatrics, etc.) to develop strategies that will identify infants with developmental disabilities earlier and connect them to appropriate services.

ODH will implement "Child Find" strategies in urban counties in SFY 2005 and statewide during SFY 2006-2007.

Newborn Screening – The ODH Newborn Screening Program now screens for 33 metabolic, genetic, and endocrine disorders. Plans are currently underway to continue the expansion of this program. Newborn Screening has been identified at one of the top 50 most effective public health programs. These conditions can cause developmental delays, mental retardation and even death if not treated in a timely and appropriate manner.

Universal Newborn Hearing Screening (UNHS) – In July 2004, Ohio hospitals began screening newborns for potential hearing loss. Approximately 92% of newborns received a hearing screening in SFY 2005. Approximately 450 babies are born each year in Ohio with hearing loss. The Regional Infant Hearing Program provides home-based services to infants and toddlers diagnosed with hearing loss.

Approximately 500 child care providers have been trained to screen babies and young children for developmental milestones and these training efforts will continue. In addition, over 76 counties are providing education programs for interested parents in child development and behavior.

Support Employment

Most people with a disability between the ages of 21 and 64 work (77 percent according to the 2000 Census). Having a job and being economically self-sufficient are important aspects of personal independence and overall quality of life. However, many people with a disability who want to work cannot because additional income would threaten their health care benefits. Federal welfare programs were reformed in the 1990s to support people who work, but Social Security disability programs and Medicaid were not.

Develop a Medicaid Buy-In Program

ODJFS will develop a Medicaid Buy-In proposal for consideration in the SFY 2006-2007 budget; the proposal will address MBI model design (asset limits, premiums, etc.) and recommend a federal implementation vehicle (Ticket to Work Act, HIFA waiver, etc.); and the process will include active involvement of the Ohio Olmstead Task Force and others.

ODJFS developed a proposal in SFY 2006-2007; however the proposal was not funded in the FY 2006-2007 budget. ODJFS continues to discuss this important proposal with key stakeholders in the hope that it can be funded in the FY 2008-2009 biennium.

Implement Supported Employment in the Mental Health System

ODMH will promote Supported Employment, establish four pilot sites during SFY 2004, and implement Supported Employment statewide during SFY 2006.

In SFY 2004, ODMH, in partnership with Case Western Reserve University established a Supported Employment Coordinating Center of Excellence (CCOE) to promote supported employment. Four pilot sites were established. In SFY 2005, ODMH, in collaboration with the Rehabilitation Services Commission (RSC), applied for and was awarded a competitive, four year grant from the Johnson and Johnson Foundation to further expand supported employment. Ohio was one of three states receiving this grant award. Statewide implementation has progressed with twelve sites actively utilizing supported employment throughout the state. In SFY 2007, six to eight additional sites will also be added. In collaboration with clients receiving mental health services,

local/state MH and RSC stakeholders and the Supported Employment CCOE, local “best practices guidelines” are being established to foster increased collaboration, expansion, and maintenance of supported employment in Ohio.

ODMH will prioritize services to help consumers access income support and medical benefits through SSI/SSDI, Medicare, and Medicaid, and collaborate with ODJFS in the effort to expand Medicaid to support work.

Through the Reentry Subcommittee of the Advisory Committee on Mental Illness in the Courts (ACMIC), Department of Rehabilitation and Correction (ODRC), partnering with Social Security Administration (SSA), is implementing a pilot in eight of the prisons to start the Social Security benefits applications for prisoners with mental illness and/or medical disabilities prior to release from prison. A similar pilot is being implemented at the local level in Stark County’s jail, to start the applications for severely mentally disabled offenders prior to their release. ACMIC, through its Director Level group, which includes ODMH, ODRC, ODADAS, ODMRDD, and ODJFS is working to suspend Medicaid rather than terminate benefits for those who enter jails/prisons and have a stay shorter than one year.

ODMH is overseeing four Projects for Assistance with Transitioning from Homelessness (PATH) pilots who are utilizing the promising practice “SSI/SSDI Outreach Access and Recovery” (SOAR) to access benefits for their homeless mentally ill clients in an expedited fashion. Related, ODMH has partnered with the Interagency Council on Homelessness and Housing to pilot six additional SOAR pilots to expedite SSI/SSDI eligibility for people with disabilities who are homeless. Although recipients of SSI/SSDI are not automatically eligible for medical benefits when they are deemed eligible for disability benefits, if they are successful in meeting the disability criteria required for eligibility for SSI and SSDI they will likely qualify for Medicaid or Medicare health insurance benefits.

ODMH is also working with the Interagency Council on Homelessness and Housing towards aligning the application processes for cash disability benefits and Medicaid/Medicare so that the process for meeting disability criteria is the same. ODMH obtained a federal grant, the Medicaid Infrastructure Grant that is funding, among other employment related activities, a study on the effect of employment on Medicaid usage.

ODMH will promote the use of benefits counselors (advisers to consumers on navigating the complex world of health and income support benefits) to remove systemic barriers to employment for people with severe mental illness.

ODMH continues to sponsor and support the Ohio Benefit Planners Task Force as a quarterly networking and training opportunity for Benefits Planners across the state. ODMH has partnered with Consumer Operated Organizations to increase awareness of Benefits Counseling for people who are returning to work.

ODMH has sponsored training in basic Benefits Counseling for staff from consumer centers during 2006 so that two consumer staff members from ten consumer operated centers can now provide basic Benefits information to their peers.

ODMH will grow its partnership with the Ohio Rehabilitation Services Commission to improve consumer outcomes related to health and health care, economic independence, improved clinical outcomes, and meaningful participation in society.

The Johnson & Johnson project, mentioned above, has encouraged and resulted in greater collaboration between ORSC, ODMH, local mental health providers, and local behavioral health authorities.

ODFJS will immediately determine upcoming grant opportunities, promote the U.S. Department of Labor (DOL) Navigator initiative to all One Stops, and work directly with the One Stop agencies that are likely to be successful in pursuing this initiative.

The Office of Workforce Development has been working with the U.S. Department of Labor, Office of Disability to determine the availability and level of funding for the Disability Program Navigator (DPN). Ohio became eligible to apply for the DPN grant beginning October 1, 2006. The Office of Workforce Development will begin to work with the various stakeholders including state agency partners and the One Stop system, to inform and educate the public workforce system about the program and the benefits to job seekers and employers. The DPN Grant from US DOL will identify how Ohio will implement the program and identified sustainability for on-going sustainability into the future.