

MMDL Balancing Incentive Program

OH.0779.R03.00

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Expenditures Reporting, Current Reporting Period

Describe the non-institutional Medicaid services and supports submitted in the State's application for purposes of determining eligibility for the Balancing Incentive Program and for determining the percentage of payments (i.e., 2% or 5%):

Character Count: 886 out of 2000

Ohio attributes its success in improving balance between institutional and HCBS long term services and supports spending to multiple factors, but a significant tool in our efforts to achieve balance is our robust and successful MFP transition program, "Helping Ohioans Move, Expanding Choice" (HOME Choice).

Enter non-institutional Medicaid LTSS expenditures for services and supports described above. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.

1915(c) waivers:	\$	<input type="text" value="492306871.00"/>
Personal care services authorized under Section 1905(a)(24):	\$	<input type="text"/>
Home health care services authorized under Section 1905(a)(7):	\$	<input type="text" value="96518920.00"/>
Rehabilitative services authorized under Section 1905(a)(13):	\$	<input type="text" value="136710512.00"/>
Private duty nursing services authorized under Section 1905(a)(8):	\$	<input type="text" value="15579309.00"/>
Program for All-Inclusive Care for the Elderly (Section 1934):	\$	<input type="text" value="3819829.00"/>
Home and community-based services state plan option (Section 1915(i)):	\$	<input type="text"/>
Self-directed personal assistance services (Section 1915(j)):	\$	<input type="text"/>
Case management services authorized under Section 1905(a)(19):	\$	<input type="text" value="17582056.00"/>
Health home services authorized under Section 1945:	\$	<input type="text" value="9847549.00"/>
Community First Choice services authorized under Section 1915(k):	\$	<input type="text"/>
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	\$	<input type="text"/>
Other non-institutional LTSS:	\$	<input type="text" value="107786179.00"/>

Please describe:

Character Count: 103 out of 2000

MFP = \$10,666,307
Managed Care Organizations/Non-Institutional HCBS = \$97,119,872
Total = \$107,786,179

Total non-institutional LTSS: \$880,151,225.00

Describe the institutional Medicaid services and supports submitted in the State's application for purposes of determining eligibility for the Balancing Incentive Program and for determining the percentage of payments (i.e., 2% or 5%)

Character Count: 0 out of 2000

Enter institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.

- Services in nursing facilities: \$
 - Services in intermediate care facilities for individuals with intellectual disabilities (ICF/IID): \$
 - Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older: \$
 - Disproportionate share hospital payments for IMDs: \$
 - Services in long-term care hospitals, which have an average length of stay of 25 or more days: \$
 - Services in psychiatric hospitals that are not IMDs: \$
 - Other institutional LTSS: \$
- Please describe:

Character Count: 53 out of 2000

Managed Care Organizations/Institutional = 55,235,278

Total institutional LTSS: \$842,835,358.00

Recalculate Totals and Percentages

Total LTSS: \$1,722,986,583.00

Percentage of LTSS for non-institutional services and supports: 51.08%

Change in percentage of LTSS for non-institutional services and supports from previous quarter (assuming no prior period adjustments): 1.63%

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