



BLUEPRINT FOR
A NEW OHIO
GOV. JOHN R. KASICH'S FISCAL YEARS 2016-2017 BUDGET

Health Transformation Budget Priorities

House Finance Committee Testimony
February 11, 2015

www.HealthTransformation.Ohio.gov

Ohio's Health Transformation Team

- Greg Moody, Office of Health Transformation
- Cynthia Dungey, Job and Family Services
- John McCarthy, Medicaid
- Tracy Plouck, Mental Health and Addiction Services
- John Martin, Developmental Disabilities
- Kevin Miller, Opportunities for Ohioans with Disabilities
- Bonnie Burman, Aging
- Rick Hodges, Health

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- Enhance Community Developmental Disabilities Services
- Reduce Infant Mortality and Tobacco Use
- Modernize Medicaid Provider Payments
- Move Ohioans Up and Out of Poverty

2011 Ohio Crisis

- \$8 billion state budget shortfall
- 89-cents in the rainy day fund
- Nearly dead last (48th) in job creation (2007-2009)
- Medicaid spending increased 9% annually (2009-2011)
- Medicaid over-spending required multiple budget corrections
- Ohio Medicaid stuck in the past and in need of reform
- More than 1.5 million uninsured Ohioans (75% of them working)

2011 Ohio Crisis

vs.

Results Today

- | | |
|--|---|
| <ul style="list-style-type: none">● \$8 billion state budget shortfall● 89-cents in the rainy day fund● Nearly dead last (48th) in job creation (2007-2009)● Medicaid spending increased 9% annually (2009-2011)● Medicaid over-spending required multiple budget corrections● Ohio Medicaid stuck in the past and in need of reform● More than 1.5 million uninsured Ohioans (75% of them working) | <ul style="list-style-type: none">● Balanced budget● \$1.5 billion in the rainy day fund● One of the top ten job creating states in the nation● Medicaid increased 4.1% in 2012 and 2.5% in 2013 (pre-expansion)● Medicaid budget under-spending was \$1.9 billion (2012-2013) and \$2.5 billion (2014-2015)● Ohio Medicaid embraces reform● Extended Medicaid coverage |
|--|---|

Ohio Medicaid Annual Growth Projections

(calculated on a Per Member Per Month basis)

| State Fiscal Year | JMOC Upper Bound | Medical CPI | JMOC Target | Executive Budget | |
|-------------------|------------------|-------------|-------------|------------------|----------------|
| | | | | (All Agencies) | (Excluding DD) |
| 2016 | 2.90% | 3.30% | 2.90% | 1.38% | 0.75% |
| 2017 | 4.50% | 3.30% | 3.30% | 4.50% | 4.05% |
| Avg. | 3.70% | 3.30% | 3.10% | 2.94% | 2.40% |



Ohio Medicaid Spending (All Funds)

| All Funds | SFY 2015 | % | SFY 2016 | % | SFY 2017 | % |
|---|-----------|-------|-----------|-------|-----------|------|
| Baseline Total | \$ 24,764 | 18.7% | \$ 27,309 | 10.3% | \$ 28,252 | 3.5% |
| Executive Budget Reforms | | | | | | |
| Eligibility Reforms | | | \$ (23) | | \$ (77) | |
| Benefit Reforms | | | \$ 57 | | \$ 137 | |
| Reform Health Plan Payments | | | \$ (73) | | \$ (270) | |
| Reform Physician Payments | | | \$ - | | \$ 25 | |
| Reform Hospital Payments | | | \$ (66) | | \$ (167) | |
| Reform Nursing Facility Payments | | | \$ - | | \$ 61 | |
| Reform Home Care Payments | | | \$ - | | \$ (19) | |
| Enhance Community Developmental Disabilities Services | | | \$ 80 | | \$ 219 | |
| Program Integrity | | | \$ 9 | | \$ - | |
| Subtotal | | | \$ (16) | | \$ (91) | |
| Subtotal with Budget Reforms | \$ 24,764 | 18.7% | \$ 27,293 | 10.2% | \$ 28,161 | 3.2% |
| Include: Transfers | \$ 1,895 | | \$ 91 | | \$ 91 | |
| Executive Budget | \$ 26,660 | 21.5% | \$ 27,384 | 2.7% | \$ 28,253 | 3.2% |
| <i>Ohio Department of Medicaid</i> | | | \$ (96) | | \$ (310) | |
| <i>Ohio Department of Developmental Disabilities</i> | | | \$ 80 | | \$ 219 | |

Source: Ohio Department of Medicaid, [Overall Budget Impact](#) (January 2015).

Ohio Medicaid Spending (GRF State Share)

| GRF State Share | SFY 2015 | % | SFY 2016 | % | SFY 2017 | % |
|--|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| Baseline Total | \$ 5,715 | 6.8% | \$ 6,095 | 6.7% | \$ 6,527 | 7.1% |
| Executive Budget Reforms | | | | | | |
| Eligibility Changes | | | \$ (12) | | \$ (35) | |
| Benefit Changes | | | 12.9 | | 42.3 | |
| Health plan changes | | | \$ (27) | | \$ (103) | |
| Physician changes | | | \$ - | | \$ 9 | |
| Hospital changes | | | \$ (132) | | \$ (204) | |
| Nursing Facility changes | | | \$ - | | \$ 23 | |
| Home care changes | | | \$ - | | \$ (6) | |
| Developmental Disabilities System Redesign | | | \$ 30 | | \$ 82 | |
| Fight fraud and Abuse | | | \$ 2 | | \$ (1) | |
| Subtotal | | | \$ (127) | | \$ (193) | |
| Executive Budget | \$ 5,715 | 6.8% | \$ 5,968 | 4.4% | \$ 6,334 | 6.1% |
| <i>Ohio Department of Medicaid</i> | | | \$ (157) | | \$ (275) | |
| <i>Ohio Department of Developmental Disabilities</i> | | | \$ 30 | | \$ 82 | |

Source: Ohio Department of Medicaid, [Overall Budget Impact](#) (January 2015).

Today's Topics

- Overall Budget Impact
- **Prioritize Home and Community Based Services**
- Rebuild Community Behavioral Health System Capacity
- Enhance Community Developmental Disabilities Services
- Reduce Infant Mortality and Tobacco Use
- Modernize Medicaid Provider Payments
- Move Ohioans Up and Out of Poverty

Prioritize Home and Community Services

First Four Years

- Increased home and community based services (HCBS) waiver alternatives to nursing homes and other institutions
- Now spend more on HCBS than institutions
- Goal is to enable seniors and people with disabilities to live with dignity in the setting they prefer, especially their own home

Blueprint for a New Ohio

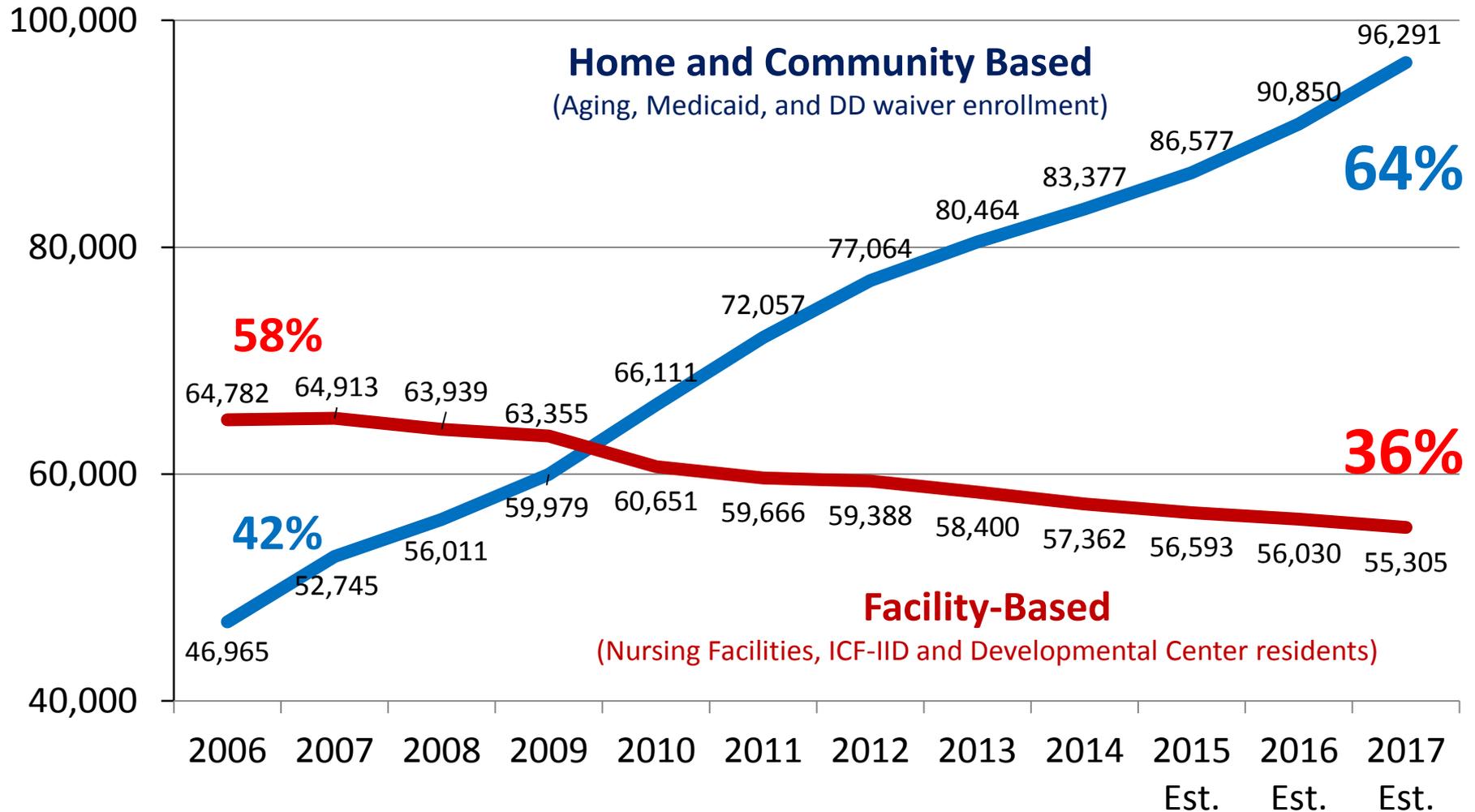
- Increases the investment in HCBS waiver programs
- Implements “no wrong door” entry into long term care
- Creates a process to comply with new federal HCBS regulations
- Improves quality in facility-based and community-based care

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

| Waiver | Enrollment | Average Cost | Lead Agency |
|--------------------|------------|----------------|----------------|
| MyCare Ohio | 24,105 | Within MCO cap | Medicaid |
| Ohio Home Care | 5,705 | \$23,360 | Medicaid |
| Transitions II | 1,374 | \$24,106 | Medicaid |
| PASSPORT | 18,069 | \$10,936 | Medicaid/Aging |
| Assisted Living | 2,598 | \$12,564 | Medicaid/Aging |
| Transitions DD | 2,903 | \$23,944 | Medicaid/DODD |
| Individual Options | 17,803 | \$58,181 | Medicaid/DODD |
| Level One | 13,765 | \$11,124 | Medicaid/DODD |
| S.E.L.F. | 332 | -- | Medicaid/DODD |



Ohio Medicaid Residents of Institutions Compared to Recipients of Home and Community Based Services



Source: Office of Health Transformation, [Prioritize Home and Community Based Services](#) (February 2015).

Improve Quality in Nursing Facilities

First Four Years

- Completed the conversion to a price-based payment system
- Linked nursing facility reimbursement to quality outcomes
- Reduced rates 6 percent in 2012 then held flat

Blueprint for a New Ohio (invests \$61 million over two years)

- Increases NF reimbursement \$84 million in 2017 by rebasing the formula (+\$154 million) and updating the “grouper” (-\$70 million)
- Links 100 percent of the increase to quality performance
- Reduces reimbursement for low acuity individuals (-\$24 million)
- Removes the NF rate formula from statute

Improve Quality in Home Health Care

Background

- 90,000+ Ohioans rely on direct care workers, most employed by an agency but many (13,000) independent
- Medicaid fraud and abuse is highest in independent home health
- A majority of states and Medicare only do business with agencies

Blueprint for a New Ohio (saves \$19 million over two years)

- Transitions to an agency-only model over three years (no new independent after July 2016 and agency-only after July 2019)
- Creates new opportunities for “self-directed” care
- Implements a new electronic visit verification (EVV) system
- Adds nursing to waivers, and expands delegated nursing authority

Simplify Disability Determination

Background

- 50,000 Ohioans with a disability newly qualify for Medicaid
- Some reside in an institution but most live in the community
- Some have income but “spend down” to qualify for Medicaid
- They can keep a house and car but no other assets above \$1,500
- They have to prove they are disabled twice – via county JFS offices for Medicaid, and separately via Opportunities for Ohioans with Disabilities (OOD) to qualify for Supplemental Security Income (SSI)
- There is no waiting list for OOD services – first time since 1991
- Most states (33) have already eliminated this duplication and automatically enroll SSI individuals in Medicaid

Simplify Disability Determination

Blueprint for a New Ohio

- Replace Ohio's two disability determination systems with one
 - Raise the income standard for Medicaid from 64 to 75 percent of poverty
 - Raise the asset test for Medicaid from \$1500 to \$2000
- Eliminate Spend Down
 - Federal law requires states with separate disability determination (209(b)) to allow enrollees to “spend down” income until eligible for Medicaid
 - Spend down is not required if Medicaid eligibility is the same as SSI (1634)
- Establish Miller Trusts
 - Functions like a health savings account for Medicaid residents of institutions and HCBS waiver recipients
 - Any income above the Medicaid eligibility level goes into the trust and is used to pay providers; Medicaid only pays what is not covered by the trust

Simplify Disability Determination

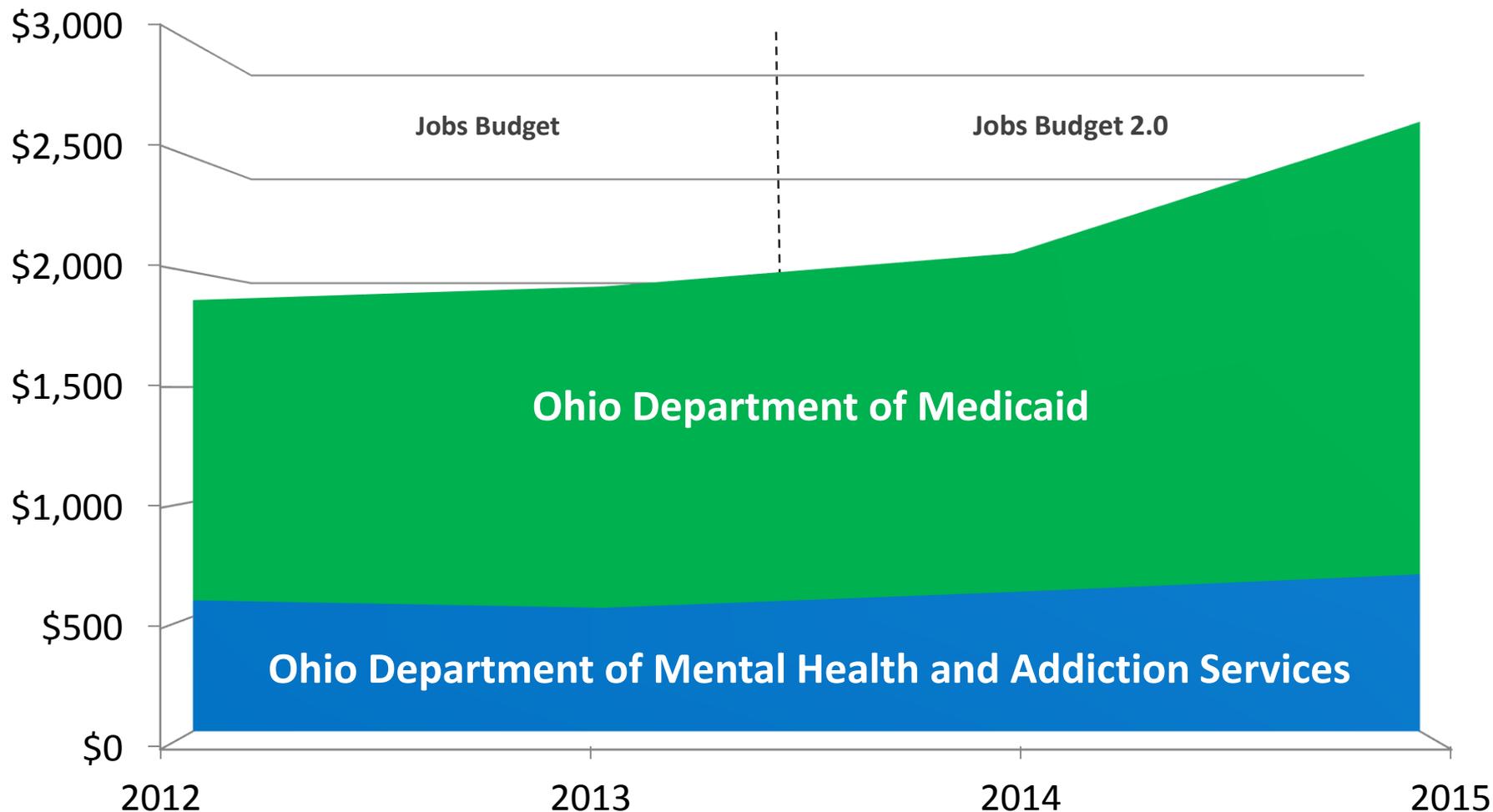
- No change in enrollment for most current beneficiaries
 - 403,000 disabled Ohioans in institutions or on HCBS waivers will continue to receive Medicaid (Medicaid and SSI use the same definition of disability)
 - Some in this group at higher income levels will need to put their income in a Miller Trust to qualify for Medicaid (instead of spending down every month)
- Some “woodwork” will now enroll in Medicaid
 - 9,500 to 14,500 Ohioans on SSI but not yet enrolled in Medicaid will be automatically enrolled – most are eligible now just not enrolled
 - The only newly eligible enrollees will be individuals whose assets are between the current Medicaid limit (\$1,500) and the SSI limit (\$2,000)
- Some will leave Medicaid to go to the exchange
 - 4,500 disabled Ohioans not in institutions or on HCBS waivers will no longer qualify for Medicaid because, without spend down, their income is too high
 - A majority of this group will be covered by a new HCBS program for adults with severe and persistent mental illness

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- **Rebuild Community Behavioral Health System Capacity**
- Enhance Community Developmental Disabilities Services
- Reduce Infant Mortality and Tobacco Use
- Modernize Medicaid Provider Payments
- Move Ohioans Up and Out of Poverty

Total MHAS and Medicaid Behavioral Health Spending (Federal and State Funds in millions)

Ohio Behavioral Health Spending



Governor's Office of Health Transformation

Source: Office of Health Transformation, [Rebuild Community Behavioral Health System Capacity](#) (February 2015).

Modernize Medicaid Behavioral Health

Background

- The mental health and addiction services system was in turmoil
- 20 percent cut in state funds over previous four years (2007-2010)

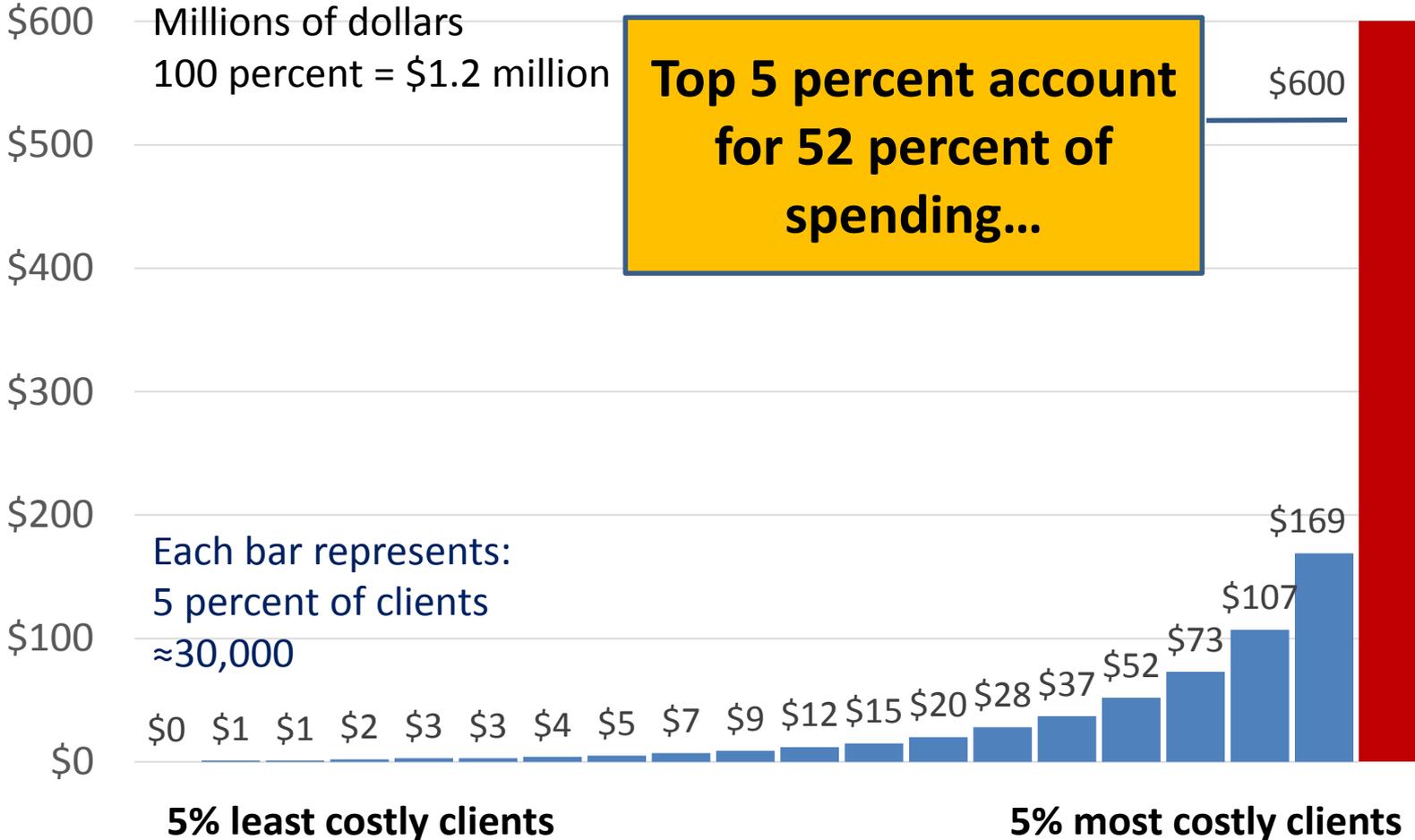
First Four Years

1. Increased state support for mental health and addiction services
2. Freed local boards from Medicaid match responsibilities
3. Extended coverage to more Ohioans seeking recovery

Blueprint for a New Ohio

4. Reforms the Medicaid behavioral health benefit to target more intensive services to individuals with high-acuity needs
5. Moves Medicaid behavioral health benefits into managed care to better integrate physical and behavioral health care

Distribution of Behavioral Health Clients by Spending



Rebuild Community Behavioral Health

Blueprint for a New Ohio

- Preserves hospital capacity for individuals in crisis
- Partners with DRC to invest in more addiction treatment within Ohio's prisons and in communities upon release
- Funds early childhood mental health consultations
- Provides new resources for suicide prevention
- Supports *Strong Families and Safe Communities* for families in crisis with youth who are a danger to themselves or others related to mental illness or a developmental disability
- Increases access to housing, including recovery housing, subsidies for housing providers that support persons with disabilities, and support for chronically homeless individuals

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- **Enhance Community Developmental Disabilities Services**
- Reduce Infant Mortality and Tobacco Use
- Modernize Medicaid Provider Payments
- Move Ohioans Up and Out of Poverty

Enhance Developmental Disabilities Services

Background

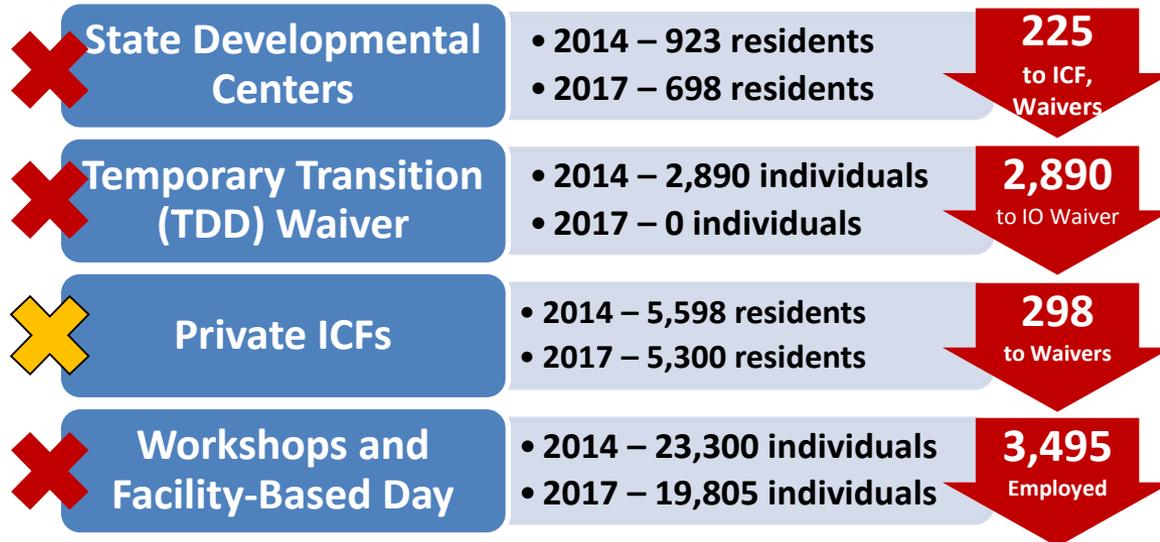
- System redesign in 2001 resulted in 29,000 more Ohioans with a developmental disability living and working in the community
- Despite progress, Ohio relies on institutions more than most states
- Pressure to downsize or eliminate institutional settings has created fear among individuals and families who rely on these services

Blueprint for a New Ohio (invests \$318 million over two years)

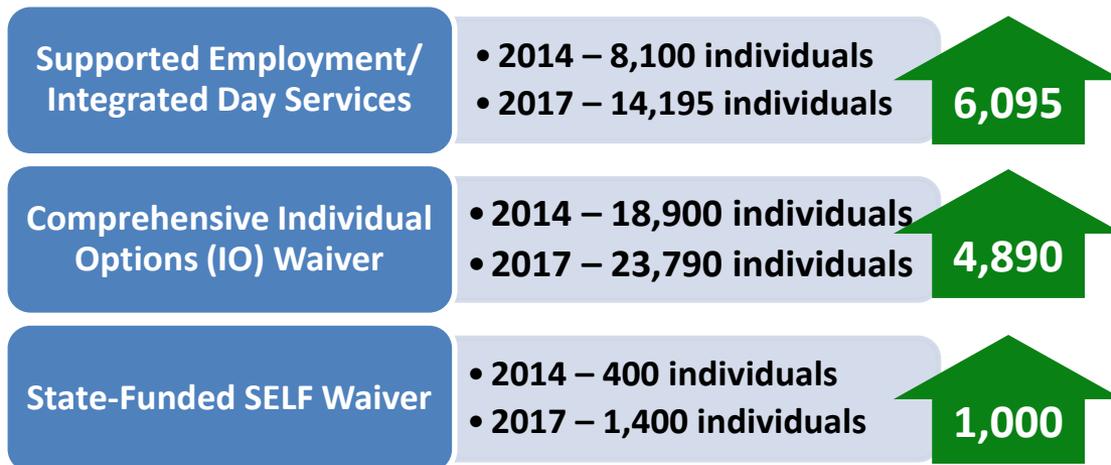
- Creates a 10-year vision for responsible system change to support people with disabilities to live and work in community
- Increases Medicaid (\$299 million) and non-Medicaid (\$19 million)
- Promotes choice for individuals who want to maintain current services or receive services in the community

DODD Service Goals by June 2017

Legacy Programs



Community Based Programs



Budget Priorities that Increase Community Capacity (2016-2017)

- 6 percent direct care worker rate increase
- Support training for community integration and behavior support
- Support employment and introduce outcome based reimbursement
- Add nursing services in the IO Waiver
- Emphasize cost efficient models, shared living, and remote monitoring

These numbers do not account for increases in waiver enrollment supported by local funds.

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- Enhance Community Developmental Disabilities Services
- **Reduce Infant Mortality and Tobacco Use**
- Modernize Medicaid Provider Payments
- Move Ohioans Up and Out of Poverty

Reduce Infant Mortality

First Four Years

- Ohio's infant mortality rate is among the worst in the nation
- Governor Kasich made reducing infant mortality a priority in his first State of the State, and launched [numerous significant reforms](#)

Blueprint for a New Ohio

- Provides enhanced care management through Medicaid managed care plans for every woman in highest-risk neighborhoods
- Engages leaders in those neighborhoods to connect women to care
- Expands access to peer support programs for expecting moms
- Eliminates payment for medically unnecessary scheduled deliveries
- Focuses evidence-based strategies to reduce maternal smoking

Reduce Tobacco Use

First Four Years

- Tobacco settlement funds previously used for tobacco cessation efforts were raided in 2008 to balance the state's budget
- Ohio received another \$39 million in tobacco settlement funds in 2014 – all of which is committed to tobacco cessation efforts

Blueprint for a New Ohio

- Increases the tobacco tax \$1.00 per pack to deter tobacco use
- Bans cigarettes and tobacco in K-12 settings
- Strengthens and enforces Ohio's Smoke Free Workplace law
- Complements tobacco settlement priorities, including projects to reduce maternal smoking, adopt more smoke-free environments, and educate merchants who sell tobacco products

Improve Public Health Planning

Background

- 123 local health districts operating at various levels of capacity
- 171 nonprofit hospitals claim \$3.1 billion in “community benefit”
- Many states align public health/community benefit priorities

Blueprint for a New Ohio

- Convenes an Advisory Group to make recommendations to:
 - Facilitate local health district accreditation through regional planning and
 - Align hospital community benefit to support regional public health priorities
- Coordinates infectious disease regional planning and preparedness
- Monitors reductions in clinical services as a result of coverage and requires local health districts to bill for immunizations

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- Enhance Community Developmental Disabilities Services
- Reduce Infant Mortality and Tobacco Use
- **Modernize Medicaid Provider Payments**
- Move Ohioans Up and Out of Poverty

Modernize Medicaid Benefits

First Four Years

- Maintained current benefit levels throughout the recession
- Prioritized preventive services to avoid higher costs later

Blueprint for a New Ohio (invests \$193 million over two years)

- Moves behavioral health benefits into managed care (\$69 million)
- Creates a special benefit program for adults with severe and persistent mental illness (\$78 million)
- Expands the Medicaid in Schools Program (lets schools claim an additional \$47 million over two years in federal reimbursement)

Reform Health Plan Payments

First Four Years

- Consolidated health plan regions to be more efficient
- Linked health plan payments to performance
- Integrated care delivery for Medicare-Medicaid enrollees

Blueprint for a New Ohio (saves \$343 million over two years)

- Enrolls adopted and foster children in managed care
- Gives individuals access to better care coordination on day one
- Sets managed care rates at the lower actuarial boundary
- Uses one-time unearned managed care quality incentive funds to offset the cost of moving behavioral health services into managed care, and support health plan activities to reduce infant mortality

Reform Primary Care Payments

Background

- Ohio trains more physicians than it retains
- Ohio Medicaid spends \$100 million annually to subsidize physician training, most of which focuses on specialties not primary care

Blueprint for a New Ohio (invests \$25 million over two years)

- Increases Medicaid primary care rates \$151 million over two years
- Increases Medicaid dental provider rates \$5 million over two years
- Applies Medicaid maximum payment to Medicare crossover claims (saves \$129 million over two years)
- Eliminates enhanced clinic payments (saves \$1.5 million)

Reform Hospital Payments

Blueprint for a New Ohio (saves \$233 million over two years)

- Reforms the payment methodology for detail coded drugs
- Consolidates outpatient charges within 72 hours of inpatient stay
- Eliminates the temporary 5-percent rate add-on for outpatient
- Reduces potentially preventable hospital readmissions
- Converts medical education subsidy into primary care rate increase
- Implements correct coding standards for hospital claims
- Increases the hospital franchise fee from 2.7 to 3.0 percent
- Returns a portion of fees paid via the upper payment limit program

Reform Hospital Payments: Franchise Fee

| All funds in millions | SFY 2014 actual | SFY 2015 estimated | SFY 2016 proposed | SFY 2017 proposed |
|--|--------------------|-----------------------|----------------------|----------------------|
| Hospital Baseline (FFS + MCO) | \$ 4,302 | \$ 5,434 | \$ 5,722 | \$ 6,105 |
| - <i>Current Hospital Franchise Fee</i> | \$ 514 | \$ 554 | \$ 554 | \$ 554 |
| - <i>Proposed increase from 2.75 to 3.0 percent</i> | | | \$ 107 | \$ 142 |
| Hospital Baseline (FFS + MCO) minus Franchise Fee | \$ 3,788 | \$ 4,880 | \$ 5,061 | \$ 5,410 |
| Supplemental Payments Supported by the Franchise Fee | | | | |
| - <i>Managed Care Incentive</i> | \$ 162 | \$ 162 | \$ 162 | \$ 162 |
| - <i>Current Upper Payment Limit Program</i> | \$ 492 | \$ 582 | \$ 582 | \$ 582 |
| - <i>Proposed UPL gain from increasing the franchise fee</i> | | | \$ 30 | \$ 62 |
| Subtotal | \$ 654 | \$ 744 | \$ 774 | \$ 806 |
| Baseline Plus Supplemental Payments | \$ 4,442 | \$ 5,624 | \$ 5,835 | \$ 6,216 |



Reform Hospital Payments: Other Reforms

| All funds in millions | SFY 2014 actual | SFY 2015 estimated | SFY 2016 proposed | SFY 2017 proposed |
|--|--------------------|-----------------------|----------------------|----------------------|
| Baseline Plus Supplemental Payments | \$ 4,442 | \$ 5,624 | \$ 5,835 | \$ 6,216 |
| Hospital Payment Reforms (All Funds) | | | | |
| - Reform payment method for detail-coded drugs | | | \$ 22 | \$ 44 |
| - Consolidate outpatient charges | | | \$ 6 | \$ 11 |
| - Eliminate 5 percent rate add-on for outpatient services | | | \$ 50 | \$ 107 |
| - Reduce potentially preventable hospital readmissions | | | \$ 14 | \$ 32 |
| - Implement correct coding standards | | | \$ 5 | \$ 10 |
| - Convert medical education subsidies into a primary care rate increase ³ | | | \$ - | \$ 25 |
| Subtotal | | | \$ 97 | \$ 229 |
| Ohio Medicaid Hospital Spending | \$ 4,442 | \$ 5,624 | \$ 5,738 | \$ 5,987 |
| Percent Change | | 26.6% | 2.0% | 4.3% |



Fight Fraud and Abuse

First Four Years

- Established a new Bureau of Program Integrity
- Provided leadership on Ohio's Program Integrity Group
- Implemented a new Medicaid Information Technology System
- Reined in hospital utilization
- Involved providers in third-party recoveries
- Streamlined nursing facility claims review
- Enrolled ordering, referring and prescribing (ORP) providers
- Required providers to be revalidated every five years
- Implemented provider site visits

Fight Fraud and Abuse

Blueprint for a New Ohio (invests \$9 million in 2016)

- Use advanced analytics to mine existing data for fraud

Saves \$90 million in other program integrity reforms discussed earlier

- Reduce potentially preventable hospital readmissions
- Implement correct coding standards to hospital claims processing
- Recoup certain physician payments
- Reduce reimbursement for low acuity residents of nursing facilities
- Implement electronic visit verification for home health
- Transition to a home health care agency model

Today's Topics

- Overall Budget Impact
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- Enhance Community Developmental Disabilities Services
- Reduce Infant Mortality and Tobacco Use
- Modernize Medicaid Provider Payments
- **Move Ohioans Up and Out of Poverty**

Coverage Works

Background

- Most uninsured Ohioans (75 percent) work, but they often delay seeking treatment until their health has significantly deteriorated, leading to much higher health care costs and putting work at risk
- Ohio Medicaid provides health care coverage for very low income individuals who otherwise would be uninsured
- Some require ongoing assistance related to a disability or other health condition that prevents work – but for many, Medicaid meets a temporary need as they move up and out of poverty
- Our goal is to support an individual's personal journey to self-sufficiency by encouraging personal responsibility

Increase Personal Responsibility in Medicaid

Current Requirements

- Require most Medicaid enrollees to get coverage through private health plans, not the old government-run fee-for-service program
- Require copayments for dental, vision, prescriptions, and non-emergency emergency department visits
- Require enrollees to keep information current, and redetermine eligibility annually

Blueprint for a New Ohio (saves \$99 million over two years)

- Assess premiums for adults above 100% of poverty (\$5 million)
- Speed up the transition off Medicaid (\$44 million)
- Eliminate Medicaid for adults at higher income levels (47 million)

Chrome File Edit View History Bookmarks Window People Help

Ohio Benefits - Eligibility

benefits.test.ohio.gov/eligibility-check-single.html?familycount=1&subButton=Next&lang=

Ohio Benefits | Online Services | Contact Us
English | Español | Somali

Ohio Benefits

Medicaid Eligibility

Do any of the following questions apply to you?

Are you pregnant? Yes No

Are you age 18 or younger? Yes No

Do you have a disability or are you blind? Yes No

Are you seeking Long Term Care or a waiver? Yes No

Are you receiving Medicare or are you age 65 or older? Yes No

Were you in foster care in Ohio at age 18 and are now 26 or younger? Yes No

Have you or your spouse ever served/are serving in the U.S. military? Yes No

FIND OUT NOW

Questions?

If you have questions about your household size, income or other factors, call the Ohio Medicaid Consumer Hotline at 800-324-8680.

* This eligibility check provides a rough estimate to determine your Medicaid eligibility.

Ohio Benefits
Privacy Statement | Contact

John R. Kasich, Governor

Source: <https://benefits.ohio.gov/> (February 2015).

The screenshot shows a web browser window with two pages open. The background page is the Ohio Benefits website, featuring a large 'Ohio Benefits' logo and a 'Medicaid Eligibility' section with several questions. A red button labeled 'FIND OUT NOW' is visible. The foreground page is a job search results page from OhioMeansJobs.com, displaying search filters, a search bar, and a list of job results.

Ohio Benefits Website:

- Logo: Ohio Benefits
- Section: Medicaid Eligibility
- Questions:
 - Do any of the following questions apply to you?
 - Are you pregnant?
 - Are you age 18 or younger?
 - Do you have a disability or are you blind?
 - Are you seeking Long Term Care or a waiver?
 - Are you receiving Medicare or are you age 65 or older?
 - Were you in foster care in Ohio at age 18 and are you 18 or younger?
 - Have you or your spouse ever served/are serving in the U.S. military?
- Button: FIND OUT NOW
- Footnote: * This eligibility check provides a rough estimate to determine...

OhioMeansJobs.com Search Results:

- Search Filters:
 - Zipcode: 43216
 - Radius: 20 miles
 - Salary: Entry Level Jobs (less than \$30K)
- Search Bar: Job Title, Keywords, Location (City/Town or Zip), State (OH), Radius (20 miles)
- Results: 186549 jobs as of 2/8/2015
- Sort by: Relevance | Date
- Page: 26 To 50 of 8529 Page 2 of 342
- Buttons: Previous, Page 1 | 2 | 3 | 4 | 5 | 6-10 | Next
- Table of Results:

| Job Summary | Date | Company | Location |
|---|------------|--|---|
| Bilingual (Spanish/English) Customer Service Advocate Cuando se trata de salir adelante, tienes las de ganar. Let's call it great career potential. Imagine being able to get answers to your health plan questions from someone who speaks the same language as you do. Or, the opposite, not being able to... Add to Your Backpack See all jobs from this company See who you know on LinkedIn From Monster Report this job | 2015-02-10 | United Health Group View company profile | Columbus, OH View Map |
| Collections Specialist Stanley Black Decker, an SP 500 company, is an 11 billion dollar diversified global provider of hand tools, power tools, and... | 2015-02-10 | Stanley Black & Decker, Inc. View company profile | Westerville, OH View Map |

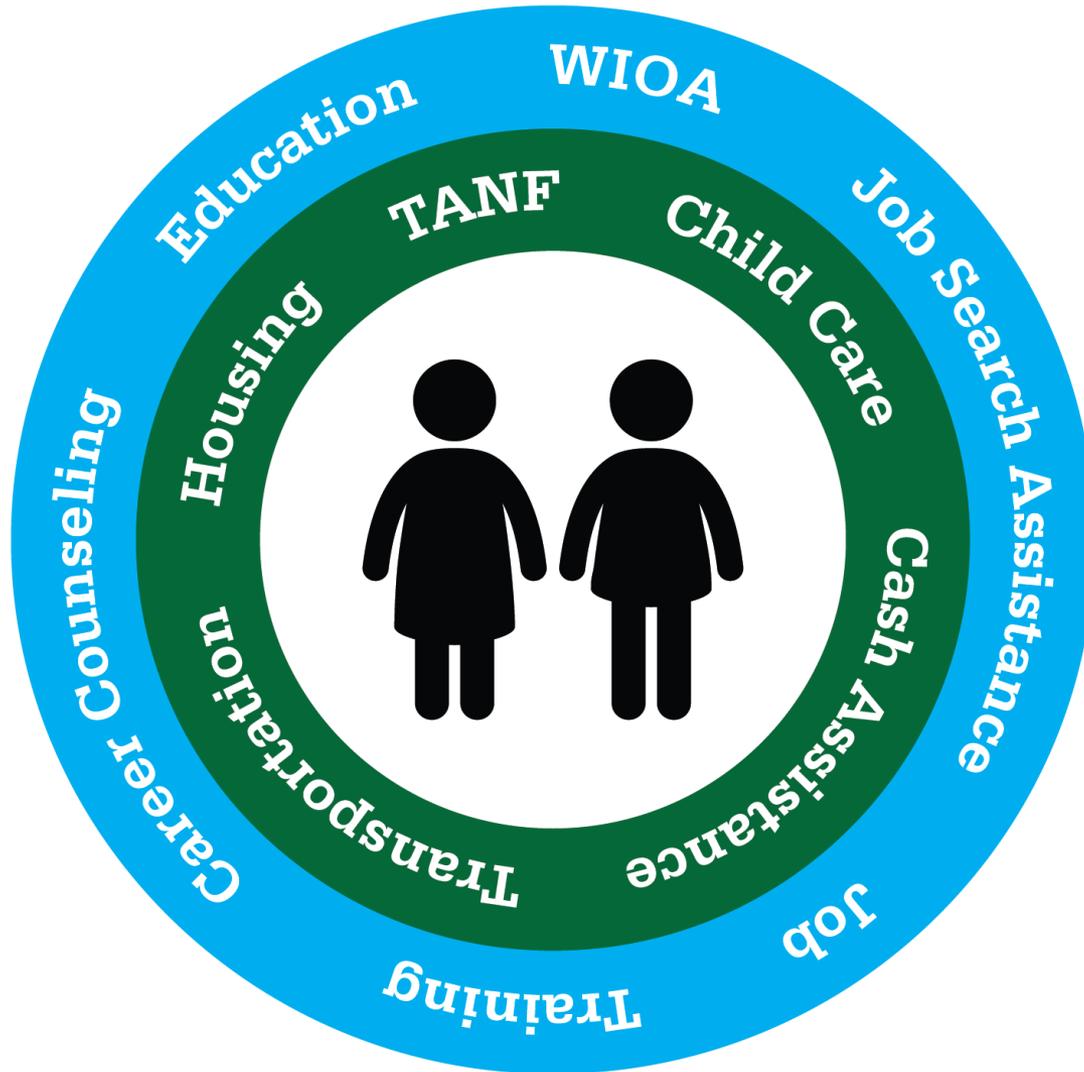
Source: <https://benefits.ohio.gov/> (February 2015).

Ending the Cycle of Poverty

Blueprint for a New Ohio

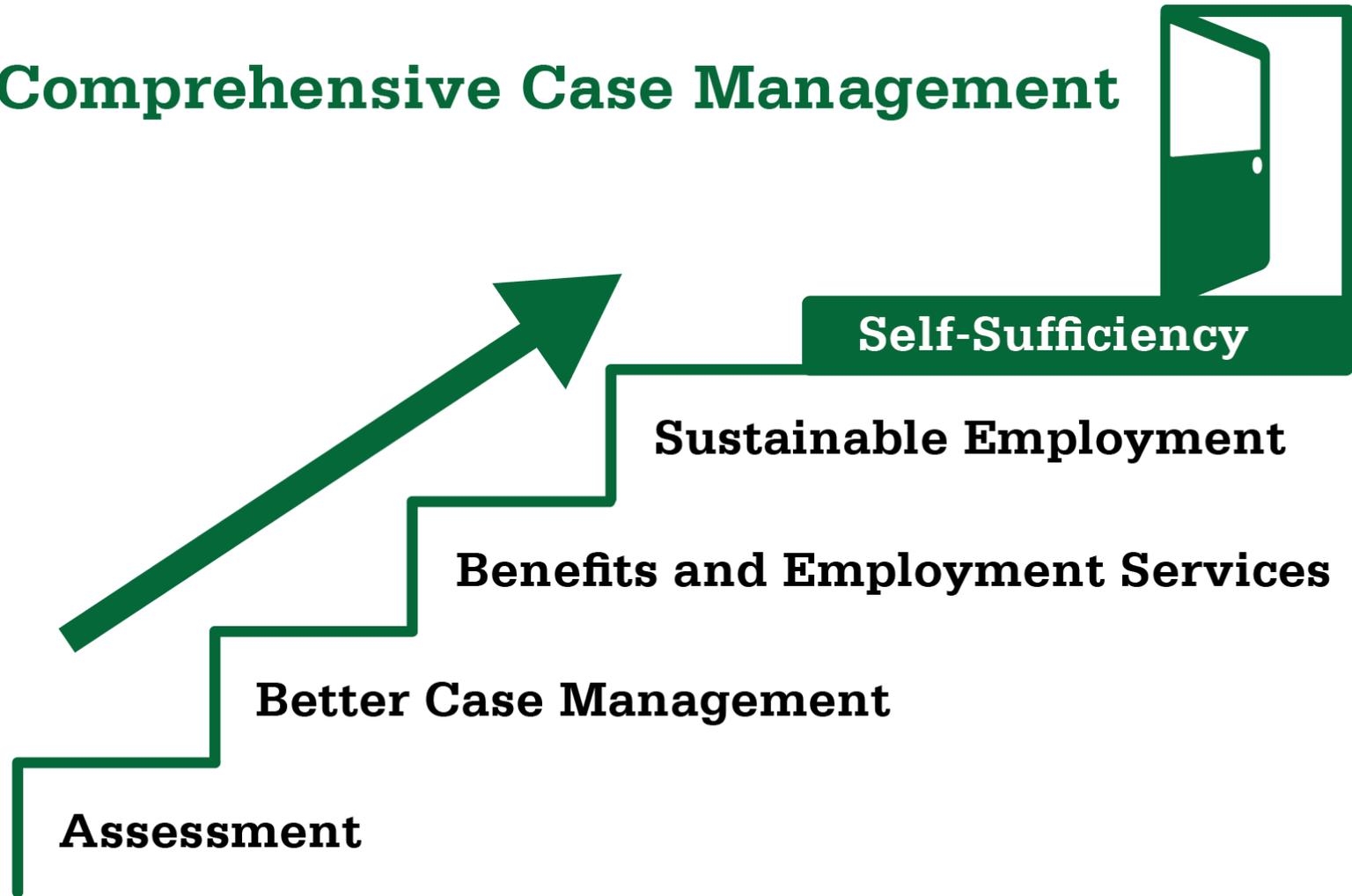
- Tears down silos by combining TANF and workforce budgets to begin addressing needs comprehensively
- Provides for better case management based on a comprehensive assessment of employment and training needs
- Surges resources to the youngest, most at-risk Ohioans (16 to 24 years old) and strengthens TANF/WIOA work supports
- Expands access to childcare from 200 to 300 percent of poverty
- Prioritizes Prevention, Retention and Contingency (PRC) funds for emergency transportation, housing, and other work supports
- Transitions additional income-tested programs to Ohio Benefits, and creates new opportunities for county shared services

A Person-Centered Approach



Helping Ohioans Move Up and Out

Comprehensive Case Management



Removing Barriers: Child Care



We must “nurture a climate in which the dignity of hard work – the dignity of hard work – is respected and pays off” and “make sure we are able to catch each other if we fall and help those who struggle live with the dignity and grace deserving a child of God.”

— Governor John Kasich’s Inaugural Address
January 12, 2015

Ohio's Health Transformation Team

- Greg Moody, Office of Health Transformation
- Cynthia Dungey, Job and Family Services
- John McCarthy, Medicaid
- Tracy Plouck, Mental Health and Addiction Services
- John Martin, Developmental Disabilities
- Kevin Miller, Opportunities for Ohioans with Disabilities
- Bonnie Burman, Aging
- Rick Hodges, Health