

## Ohio Access

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

The State of Ohio is committed to advancing the principle that people with disabilities and the aging population are served in the most appropriate, integrated settings. Ohio has made significant progress toward this goal, for example by more than doubling the number of Ohioans who receive Medicaid home and community based services (from 40,000 when planning began in 2001 to more than 86,000 in 2015). Despite steady progress, there is more to be done, and the original plan will continue to be updated every two years until every Ohioan, regardless of disability, has the choice to live independently.

#### About Olmstead

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act (ADA). The Court held that public entities must provide community-based services to persons with disabilities when such services are appropriate, the affected persons do not oppose community-based treatment, and community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity. The Court suggested that a state could establish compliance with ADA if it demonstrated that it has a comprehensive, effectively working plan for placing eligible persons with disabilities in less restrictive settings, and a waiting list that moves at a reasonable pace given the resources available.

#### About Ohio Access

Ohio Access is the State of Ohio's comprehensive working plan for placing persons with disabilities in less restrictive settings and making steady progress toward eliminating waiting lists for home and community based services (HCBS). The first Ohio Access plan was written in 2001 in response to the 1999 Olmstead case and

updated in 2004, 2006, 2011, 2013 and 2015. Since 2011, this process has been coordinated by the Governor's Office of Health Transformation (OHT), which coordinates and implements Olmstead planning and budget activities across all of the state's health and human services agencies, including the Ohio Departments of Aging, Developmental Disabilities, Health, Job and Family Services, Medicaid, and Mental Health and Addiction Services.

## **Current Initiatives**

The first Ohio Access plan in 2001 identified three strategies that all subsequent plans have followed:

- 1. *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 system must be improved to assist families, communities, and state and local governments in meeting their responsibilities.
- 2. *Prioritize resources.*** Reform 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.
- 3. *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 financial resources.

Over the years, as described below, these strategies have been applied with significant positive effect for persons with disabilities to have meaningful choices to live independently in the most appropriate and integrated settings.

## 2015

- [Ohio's plan to expand self-direction in HCBS programs](#) (3/27/2015)
- [Ohio's plan to comply with new federal HCBS requirements](#) (3/13/2015 draft)
- [Blueprint for a New Ohio: Prioritize HCBS Services](#) (proposed 2/2/2015)
  - Implement standardized assessments and “no wrong door” entry to services
  - Develop a statewide HCBS transition plan to comply with federal requirements
  - Enhance community developmental disabilities services
  - Rebuild community behavioral health system capacity
  - Increase access to affordable housing
- [Blueprint for a New Ohio: Simplify Disability Determination](#) (proposed 2/2/2015)
  - Replace Ohio's two disability determination systems with one
  - Establish Miller Trusts (as an alternative to spend-down)
  - Create a special benefit program for adults with severe mental illness
- [Blueprint for a New Ohio: Enhance Community Developmental Disabilities Services](#)
  - Close two state-run developmental centers (public intermediate care facilities)
  - Provide incentives to downsize private ICFs and system transformation supports
  - Assist with conversion from ICF to waiver via rental assistance, buy ICF beds
  - Offer alternatives to people prior to admission to large ICFs (exceeding 8 residents)
  - Provide objective counseling about options to leave an ICF
  - Increase HCBS rates for providers serving the most complex individuals
  - Increase Homemaker Personal Care waiver provider rates six percent
  - Provide additional state funding for IO and SELF waivers to reduce waiting lists
  - Convert Transitions Developmental Disability waivers to permanent IO waivers
  - Provide additional state funding for IO waivers to avoid ICF admissions
  - Submit a plan to reduce conflict of interest in all waiver programs
  - Develop a daily rate to reduce administrative complexity
  - Develop new day service models that promote community employment and integrated day services
- [Blueprint for a New Ohio: Rebuild Community Behavioral Health System Capacity](#)
  - [Redefine Medicaid behavioral health services and establish additional services](#)
  - [Create a special benefit program for adults with severe mental illness](#)
  - [Improve care coordination and outcomes via managed behavioral health care](#)
  - Implement a standardized assessment tool to prioritize need
  - Facilitate access to non-Medicaid housing supports for people most in need
  - Preserve hospital capacity to ensure high quality care for individuals in crisis
  - Support community strategies to impact hospital and jail capacity
  - Support prevention and crisis intervention

- Support Strong Families and Safe Communities (youth and families in crisis)
- Reduce administrative costs and put savings into services
- [Blueprint for a New Ohio: Increase Access to Housing](#) (proposed 2/2/2015)
  - Sustain funding for Residential State Supplement enrollment
  - Expand recovery housing
  - Increase job opportunities, housing supports for youth at risk of homelessness
  - Pilot a subsidy for housing providers that support persons with disabilities
  - Establish an Ohio Housing Trust Fund reserve
  - Provide outreach and supportive services to chronically homeless individuals
  - Provide supportive housing for individuals with disabilities
  - Designate Development Services to administer National Housing Trust Fund
  - Expand Medicaid benefits that support beneficiaries remaining in stable housing
- [Blueprint for a New Ohio: Reform Home Care Payments](#) (proposed 2/2/2015)
  - Implement an electronic visit verification system for in-home care
  - Redesign the Medicaid state plan home health/private duty nursing benefit
  - Expand existing delegated nursing authority
  - Transition to an agency-only model for direct care workers
- [Blueprint for a New Ohio: Reform Nursing Facility Payments](#) (proposed 2/2/2015)
  - Rebase nursing facility rates with a grouper update
  - Pay for quality
  - Reduce reimbursement for low acuity individuals
  - Remove the nursing facility rate formula from statute
  - Make administrative changes to the franchise permit fee program

## 2014

- [Developmental Disabilities Strategic Planning Leadership Group benchmarks](#) (12/24/2014)
- [Adult Protective Services Funding Workgroup Recommendations](#) (12/30/2014)
- [Ohio hits home care targets one year ahead of schedule](#) (9/10/2014)
- [Inventory existing state resources available to support Olmstead activities](#) (8/12/2014)
- [Automate background checks to protect vulnerable Ohioans](#) (6/10/2014)

## 2013

- [Direct Care Worker Advisory Workgroup Recommendations](#) (12/10/2013)

- [Medicaid State Plan Amendment to extend coverage](#) (approved 10/10/2013)
- [Simplify eligibility determination via a new online citizen self-service portal](#) (10/1/2013)
- [Money Follows the Person Progress Report](#) (9/11/2013)
- [Coordinate mental health and addiction services in one department](#) (7/1/2013)
- [Create a new cabinet-level Medicaid Department](#) (7/1/2013)
- [CMS awards Ohio a \\$169 million Balancing Incentive Program Award](#) (6/2/2013)
- [Jobs Budget 2.0: Prioritize Home and Community Based Services](#) (6/30/2013)
  - Increase rates for aides and nursing services
  - Increase rates for adult day care and assisted living
  - Make changes in patient liability
  - Limit the daily rate for a caregiver living with a consumer
  - Implement a shared savings initiative for home health
  - Join the federal Balancing Incentive Program
  - Ensure core competencies in the direct care workforce
  - Modernize the Board of Examiners of Nursing Home Administrators
- [Jobs Budget: Enhance Community Developmental Disabilities Services](#) (6/30/2013)
  - Convert at least 1,000 ICF beds to waiver within five years
  - Provide a financial incentive to convert institutional beds into HCBS waivers
  - Increase rates for providers serving former residents of institutions
  - Support Employment First
  - Increase access for autism services
- [Jobs Budget 2.0: Rebuild Community Behavioral Health System Capacity](#) (6/30/2013)
  - Expand Medicaid and redirect resources to address recovery support gaps
  - Make targeted investments in community mental health
  - Finalize the consolidation of mental health and addiction services
  - Assist nursing home residents who want to move back into the community
  - Allow money to follow the person from a nursing home into the community
  - Increase access to safe and affordable housing
  - Improve care coordination in adult care facilities
  - Reduce inappropriate admissions into nursing homes
- [Jobs Budget 2.0: Increase Access to Housing](#) (6/30/2013)
  - Exceeded HOME Choice goals
  - Assisted individuals with mental illness who want to leave institutions

- Provided additional rent subsidies to keep Ohioans out of institutions
- Linked residents of adult care facilities to behavioral health services
- Assisted adult care facilities make critical repairs
- Added recover housing beds
- Provided supportive housing for prisoners reentering the community
- Piloted housing subsidies for individuals involved in mental health courts
- [Jobs Budget 2.0: Reform Nursing Facility Payments](#) (6/30/2013)
  - Updated the quality incentive rate component
  - Provide post-acute rehabilitation in nursing facilities
  - Assist persons with mental illness to leave nursing homes
  - Convert veterans who reside in nursing facilities to federal benefits
  - Clarify definitions for facilities that specialize in care
  - Strengthen the survey process through plans of correction
  - Update nursing facility licensure requirements
  - Automatically update the nursing facility franchise fee
  - Remove custom wheelchairs from the nursing facility rate
  - Terminate special focus facilities
- [Provide crisis stabilization for children and families](#) (1/9/2013)

## 2012

- [Include autism services as an essential health benefit](#) (12/21/2012)
- [Nursing Facility Reimbursement Subcommittee Recommendations](#) (12/21/2012)
- [CMS approves Ohio's Medicare-Medicaid integrated care delivery plan](#) (12/12/2012)
- [Coordinate an improve autism services](#) (9/18/2012)
- [Ohio submits a Medicare-Medicaid integrated care delivery plan](#) (4/2/2012)
- [Improve job opportunities for individuals with developmental disabilities](#) (3/19/2012)

## 2011

- [Nursing Facility Quality Measurement Subcommittee Recommendations](#) (9/1/2011)
- [Nursing Facility Capacity Subcommittee Recommendations](#) (9/1/2011)
- [Implement a new more accurate Medicaid claims payment system](#) (8/2/2011)

- [Nursing Home Rates and Data published](#) (8/1/2011)
- [Jobs Budget: Prioritize Home and Community Based Services](#) (6/30/2011)
  - [Eliminate PASSPORT waiver program waiting lists](#)
- [Jobs Budget: Rebuild Community Behavioral Health System Capacity](#) (6/30/2011)
  - [Free local systems from Medicaid match responsibilities](#)
  - [Create Medicaid health homes for people with severe mental illness](#)
  - [Targeted investments to restore community mental health system capacity](#)
  - Consolidate mental health and addiction services
- [Jobs Budget: Reform Nursing Facility Payments](#) (6/30/2011)
  - Convert Medicaid nursing facility reimbursement to a price-based system
  - Reduce payments for low acuity individuals
  - Link nursing facility reimbursement to quality outcomes
  - Integrate care delivery for Medicare-Medicaid enrollees
  - Study Medicaid reimbursement for nursing facilities
- [OHT vision statement for Medicare-Medicaid integrated care delivery](#) (2/1/2011)
- [Create the Office of Health Transformation](#) (1/13/2011)

## **2001-2006**

- [Ohio Access for People with Disabilities](#) (12/10/2006)
- [Ohio Access for People with Disabilities](#) (2/1/2004)
- [Ohio Access for People with Disabilities](#) (2/28/2001)

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