

Health and Human Services 2011 Accomplishments

When Governor Kasich took office in January, he challenged the Administration's health and human services (HHS) cabinet agencies to improve services to vulnerable Ohioans, reduce cost and increase efficiency and support the Administration's efforts to create jobs and reduce unemployment. Through collaboration and innovation, the Governor's Office of Health Transformation (OHT), the Departments of Health (ODH), Developmental Disabilities (DODD), Aging (ODA), Mental Health (ODMH), Alcohol and Drug Addiction Services (ODADAS) and Job and Family Services (ODJFS) and the Rehabilitation Services Commission (RSC) have achieved significant accomplishments in 2011. Below is a snapshot of these accomplishments:

REFORMING MEDICAID

Governor Kasich championed comprehensive Medicaid reforms in the Jobs Budget (HB 153) that will improve the quality of health care for the 2.2 million individuals served in the Medicaid program and save the state \$1.5 billion over the next two years. These improvements in Medicaid, the health-care entitlement program for low-income Ohioans that accounts for 30 percent of the state's budget, will deliver coordinated physical health and behavioral health care for people on Medicaid, allow more seniors to live at home instead of in nursing homes, help prevent illness and reduce costly emergency room visits. By resetting Medicaid payment rules to reward value rather than volume, the budget will improve the quality of health care for Ohio's most vulnerable citizens, reduce costs for taxpayers and ensure the fiscal stability of the Medicaid program.

For the full list of Medicaid reforms in the Jobs Budget, see this [report](#).

IMPROVING HEALTH FOR ALL OHIOANS

Ohio is working to improve health outcomes for all citizens and offer employers a healthy and productive workforce.

- **Championing a New Approach to Health Transformation:** When Governor Kasich took office, Ohio was spending more than all but 13 states on health care, but we ranked 42nd in health outcomes. Ohio was not giving taxpayers the best value for their dollar, and Ohio lagged other states in offering employers a healthy and productive workforce. Governor Kasich said this was not acceptable and he created the Office of Health Transformation (OHT) to change it. OHT is coordinating the activities and policies of the six state agencies involved in Medicaid to implement the Medicaid modernization and cost-containment priorities in the budget. OHT is also taking the lead on the Administration's efforts to improve overall health-system performance by streamlining how government health systems and programs interact with each other and with our customers and by engaging private-sector partners to drive system-wide reform and make all Ohioans healthier. *For more details, see: www.healthtransformation.ohio.gov.*

- **Enabling Seniors and People with Disabilities to Live with Dignity in Settings they Prefer:** The Jobs Budget includes a significant investment in home- and community-based services for seniors and people with physical disabilities (PASSPORT/Choices, Assisted Living, Home Care and Aging Transitions waivers) and people with a developmental disability (Level One, Individual Options, Transitions DD and the new SELF waivers). All told, the budget spends \$532 million more on home- and community-based services over the biennium (above SFY 2011 levels), including \$55.6 million more for PASSPORT/Choices. This will make it possible for an additional 12,890 Ohioans to receive Medicaid home- and community-based services, instead of being admitted into an institution, like a nursing home, and increases the share spent on home- and community-based services (vs. the share spent on institutions) from 36.5 percent in SFY 2011 to 42.1 percent in SFY 2013.
- **Expanding Waiver Services for People with Developmental Disabilities:**
 - ✓ ***DODD added services to the Individual Options (IO) waiver to give Ohioans with developmental disabilities more choices regarding the support they receive for daily living needs.*** New services include remote monitoring, a cost-effective alternative for families to hiring staff for around-the-clock monitoring, and the community respite and adult family living service, which offers individuals more flexibility in accessing support services in the settings they prefer.
 - ✓ ***DODD applied for and received federal approval to create a new self-directed waiver, called SELF, for individuals with developmental disabilities.*** The SELF waiver, with enrollment beginning in July of 2012, will be another option beyond the current Individual Option (IO) and Level One waivers, which have a combined waiting list of more than 27,000 people. The SELF waiver has spending caps for children and adults, but offers flexibility for families and individuals to tailor services to their needs. This combination gives the system a fiscally safe and predictable tool to expand services, while giving individuals the ability to create services packages they want.
- **Improving Care for Ohio's Seniors:**
 - ✓ ***A unified Medicaid budget for long-term care will allow seniors to receive home- and community-based services without a waiting list.*** Early in 2011, ODA added two new services—consumer-directed personal care providers and enhanced community living—to the PASSPORT Medicaid Home Care waiver to give consumers more choice and flexibility in how their services are provided. The budget also included plans to implement a pay-for-performance incentive to further improve the quality of the PASSPORT program.
 - ✓ ***Ohio requested and received federal approval to make changes to the Ohio's Assisted Living Medicaid waiver to improve access to these important services.*** In September, the Centers for Medicare and Medicaid Services approved Ohio's request to remove the requirement that a person must have either been a resident of a nursing home or receiving services in another Medicaid waiver program to be eligible for the Assisted Living waiver. A second change allows consumers to begin receiving Assisted Living waiver services while their Medicaid eligibility is being determined.
 - ✓ ***ODA received a \$200,000 Lifespan Respite Care Program grant*** to collaborate with state and local partners and expand and coordinate caregiver respite at all ages and to promote respite as a valuable tool in supporting family caregivers who form the backbone of the long-term care system.
 - ✓ ***Ohio was one of just four states (Georgia, Minnesota and New York) to receive a demonstration grant to develop Ohio's Unified Prevention and Long-Term Care System Initiative.*** This project will transform the long-term care system's ability to provide consumers with simplified and streamlined access to needed services, including home- and community-based preventive and caregiver support and evidence-based disease management. Outcomes include improved transitional care across settings that will reduce emergency department visits and hospital readmissions.

- **Improving Quality in Ohio’s Nursing Homes:**
 - ✓ ***The Jobs Budget increased Medicaid quality incentive payments for nursing facilities from 1.7 percent of the average Medicaid nursing home rate in SFY 2011 to 9.7 percent in SFY 2013.*** In September, a subcommittee of the Unified Long-Term Care System Advisory Workgroup, which was chaired by OHT Director Greg Moody, recommended new accountability measures to be used in awarding points for the quality incentive payments and the methodology for calculating the quality incentive payments. The legislature approved SB 264 in December to implement this new methodology beginning in SFY 2013.
 - ✓ ***Ohio was one of four states chosen by the Advancing Excellence in America’s Nursing Homes campaign to participate in the Critical Access Nursing Home Project.*** The project works to improve care in selected nursing homes and develop a model of nursing home improvement that can be used across the country.
 - ✓ ***ODH implemented the federal Quality Indicator Survey (QIS) to help improve quality of care in Ohio nursing homes.*** QIS is a resident-centered, outcome-oriented quality review that entails structured resident, family and staff interviews, resident observations, record reviews and analysis of health assessment data. Data from QIS will be used to track certain quality-of-care and quality-of-life indicators that lead to improved care. The new survey process will also be monitoring deficiencies constituting immediate jeopardy and violations of federal staffing requirements.
- **Providing Accountable Care for Children:** The Jobs Budget invests \$87 million in start-up funding and encourages children’s hospitals and networks of physicians to team up to create pediatric Accountable Care Organizations (ACOs), which will provide additional attention and care to the unique needs of 37,000 disabled children on Medicaid. Pediatric ACOs will hold the hospital and participating physicians responsible for the quality of care delivered to patients and provide a financial incentive back to the providers for delivering high-quality, efficient care. Model ACOs have demonstrated the ability to increase access to care for rural and urban children, improve quality and safety, implement a wellness programs to ensure that children with special health needs reach their full potential, and reduce preterm births and decrease the length of stay in neonatal intensive care units.
- **Building the Patient-Centered Medical Home:** ODH, through the Ohio Patient-Centered Primary Care Collaborative, is leading a statewide expansion of the Patient-Centered Medical Home (PCMH) model of care in Ohio. A PCMH facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient’s family. Care is coordinated through registries, information technology, health information exchange and other means to assure that patients get the appropriate care when and where they need and want it in a culturally appropriate manner. By making primary care and prevention the foundations of medical practices and paying providers for improving the health of patients and clients through measurable outcomes, Ohio will reduce health care spending and increase health outcomes for Ohioans.
- **Creating Health Homes for People with Chronic Conditions:** Medicaid beneficiaries with chronic conditions have poor health outcomes and their care is costly. The budget invests \$47.25 million over the biennium to enhance coordination of the medical and behavioral health care needs of individuals with severe and/or multiple chronic illnesses—with a focus on individuals with severe and persistent mental illness—by expanding on the traditional medical home model of care.
- **Reducing Waiting Lists for People with Disabilities:** RSC’s waiting list has been reduced for the first time since 2009. After peaking at almost 5,000 people, the total number of individuals with disabilities on the waiting list has been trimmed by more than 1,100 thanks to diligent management of available counselors and contract providers.

- **Reducing Tobacco Use:** ODH has developed the Ohio Tobacco Collaborative, a unique public/private partnership that provides commercial carriers, employers and third-party administrators with access to tobacco cessation services at rates typically reserved for public health. The Ohio Tobacco Collaborative was created as a way to help health plans and employers move toward compliance with federal legislative mandates to provide cessation services, while also helping public health maintain tobacco cessation infrastructure with limited financial resources. Thanks to the support from the collaborative, approximately 2.63 million Ohioans have retained access to the Tobacco Quit Line because their employer or health plan joined the collaborative. In addition, uninsured, pregnant and Medicaid callers continue to be served by the Quit Line.
- **Attacking the Opiate Epidemic:** The Governor’s strong focus on fighting Ohio’s opiate epidemic has resulted in major successes.
 - ✓ ***Ohio has reduced the amount of legally dispensed opiate medication doses by 1 million pills in Scioto and Gallia Counties*** (ODADAS projections based on six months of 2011 Ohio Board of Pharmacy data).
 - ✓ ***Ohio has formed 24 new community opiate task forces*** to lead local efforts to increase prevention, coordinate law enforcement, and educate physicians and the public about the dangers of opiates.
 - ✓ ***ODADAS is funding and supporting the creation of a statewide network of support and family engagement groups called SOLACE, based on a successful model developed in Portsmouth.*** To date, more than 30 communities have expressed an interest in forming a similar group to assist families and individuals who have been impacted by opiate addiction and overdose.
 - ✓ ***The Governor signed an Executive Order allowing public funds to be used to support medication-assisted treatment for people trapped by opiate addiction.*** As a result, Ohio has created a \$1 million medication-assisted treatment program and a health home in southern Ohio in which clients will have their physical health needs met through a Federally Qualified Health Center (FQHC), medication-assisted treatment will be available through the FQHC and behavioral therapy will be provided through local addiction treatment agencies. The program begins in spring of 2012.
- **Improving Services for People with a Mental Illness:** Serious mental illness is the leading cause of disability in the U.S., affecting people of all ages, income, education levels and cultural backgrounds. Governor Kasich’s Jobs Budget reversed the recent downward trend in mental health spending and enacted reforms to stabilize and improve community mental health services for Ohioans who are in need. For more details, see this [report](#).
 - ✓ ***The Jobs Budget increased state funding for mental health by 5.7 percent (\$26.8 million) over the biennium, reversing a downward trend since 2008 in which state funding was reduced by 19.5 percent (\$112.4 million).*** This allowed the state to hold all-funds spending for mental health close to 2011 levels, which were inflated that year with \$32.6 million in one-time federal stimulus funds.
 - ✓ ***ODMH is leading an effort to help young adults with serious mental disorders transition between child-serving and adult-serving health and human services systems.*** Using resources from a federal grant, ODMH will design a system of care to support more than 90,000 young people with serious emotional disturbances (SED) or serious mental illnesses (SMI).
 - ✓ ***ODMH is standardizing forensic policies, funding, practices and partnerships among courts, local boards, community forensic providers and state hospitals to ensure adequate services and appropriate placements.*** This is important to address a two-decade increase in the number of patients with a forensic status in Ohio’s regional psychiatric hospitals. One key strategy is to give courts an option to divert nonviolent, misdemeanor offenders to more appropriate civil inpatient commitment or community treatment.

PROTECTING CHILDREN

The Kasich Administration is keeping children safe and supporting strong and vibrant families.

- **Expanding Medicaid Presumptive Eligibility for Pregnant Women and Children:** The Jobs Budget provides temporary coverage so that a child or pregnant woman can receive medical care while their Medicaid application is officially processed. It also recognizes new qualified entities that may establish Medicaid eligibility. By simplifying the eligibility and enrollment processes, and including additional points of access for children and pregnant women, medical attention will be provided in the early stages of life when intervention is the most successful. The result will be improved health outcomes for children and pregnant women and reduced Medicaid expenditures.
- **Providing High-Quality Child Care:** The Jobs Budget will allow all children currently enrolled in Ohio's subsidized child care system to stay on the program so that parents can work while children learn in safe, healthy environments that prepare children for K-12 education. The program will continue to serve current enrollees, about 104,000 children per year, while also maintaining the Step Up To Quality Initiative (SUTQ). SUTQ rewards child-care providers in Ohio for meeting quality criteria in their curriculum, facilities and staff (measures include, for example, qualified classroom teachers and materials that promote growth and development). The Jobs Budget also increases the efficiencies in the state child-care system by decreasing regulatory burdens for child-care providers, addressing the number of providers per family allowed and supporting the implementation of a statewide card-swipe time-and-attendance system. The result will be improved accountability and increased efficiency within the child-care system.
- **Investing in the Child Welfare System to Keep Children out of Harm and Support Stable Families:**
 - ✓ ***The Jobs Budget lays the groundwork to expand Alternative Response statewide.*** Alternative Response keeps children safe, keeps families together and reduces the number of children in foster care, which saves money. ODJFS is piloting Alternative Response in 40 counties with great success.
 - ✓ ***The Jobs Budget provides \$2 million in funding each year for Independent Living services for young adults who have aged out of foster care.*** Independent living services such as academic counseling, life-skills instruction and housing assistance help give former foster children the skills and support necessary to achieve self-sufficiency and lead productive lives.
- **Empowering Families through Early Intervention and Autism Therapy Training:** DODD, in conjunction with the Ohio Center for Autism and Low Incidence (OCALI), provided training for autism early intervention and autism therapy to 42 County Boards of Developmental Disabilities employees from 18 different counties. The training is part of a pilot program called Play and Language for Autistic Youngsters (P.L.A.Y. Project). The project is a relationship-based therapy program that emphasizes helping parents become their child's best P.L.A.Y. partner. The project empowers parents to have access to effective, family-focused, and affordable therapy and intervention for young children with autism, which will help children with autism connect, communicate and build relationships with others.
- **Providing GRF Funding for Pneumococcal Vaccines for Children:** Streptococcus pneumonia is the leading cause of bacterial meningitis among children younger than 5-years-old. The FY13 GRF funding of \$2.5 million allows for continued purchase of PCV-13 vaccine for underinsured children in Ohio who are not eligible for the federal Vaccines for Children program. This GRF funding enables ODH to continue to supply the vaccine to local health district clinics for underinsured children with no ability to pay. At the current cost per dose, the budget will allow for the purchase of approximately 25,700 doses of vaccine that can serve approximately 6,400 children (4 doses per child). Prior to the routine use of vaccine in children, this disease caused 13,000 cases of bacteremia, 700 cases of meningitis, 200 deaths and 5,000,000 cases of acute otitis media (middle ear infections) in children in the U.S. each year.

- **Lowering Infant Mortality Rates:** Through a partnership with the Ohio Perinatal Quality Collaborative, the Ohio Department of Health was recently awarded a federal grant from the Centers for Disease Control and Prevention (CDC) to continue its focus on improving perinatal health outcomes in our state. Ohio joined California and New York as one of only three states that will receive \$350,000 each year for three years.

CREATING JOBS AND REVIVING THE ECONOMY

Many of the 2011 accomplishments lead directly to job creation and retention for the State of Ohio.

- **OhioMeansJobs.com is Putting Ohio Back to Work:**
 - ✓ ***OhioMeansJobs.com is now producing “snapshot” job data reports.*** These reports give employers and policy makers detailed information about top occupations and employers, growing industries, desired educational level and average salaries in any given state economic development region.
 - ✓ ***OhioMeansJobs.com and Monster.com unveiled the Talent Dashboard,*** allowing hiring managers to group job seekers by location, educational background, skill set, work experience, schools attended, veteran status and more. Economic development professionals use the Talent Dashboard to provide business owners with instant reports about the talent pool in a specific region.
 - ✓ ***ODJFS unveiled a redesigned and enhanced OhioMeansJobs.com.*** The re-tooled, more user-friendly site makes it easier to search resumes or job openings and includes information about workforce development initiatives such as on-the-job training.
 - ✓ ***ODJFS is ready to launch an OhioMeansJobs.com mobile app for iPhone, iPad and Android in January.*** The app will automatically sync with a job seeker or employer’s online OhioMeansJobs.com account. It will allow users to access saved resumes, job openings and searches and will allow job seekers to apply for jobs from their mobile devices.
- **Developing Workforce Options for and about Older Adults:**
 - ✓ ***Because older Ohioans are becoming a larger part of the available skilled workforce, ODA, in partnership with the Ohio Board of Regents, convened the Aging and Higher Education Advisory Committee*** to recommend specific ways that institutions of higher education can prepare Ohio for the unprecedented growth of its aging population. The committee will identify public policy challenges related to work, retirement, education, health, family care giving and long-term care.
 - ✓ ***ODA held the first in a series of statewide strategic planning meetings in October to improve access and outcomes related to the Senior Community Service Employment Program.*** The department also has been working with past and prospective members of the state’s Civic Engagement Council to reconvene that body with a new mission to implement the community-level recommendations on lifelong learning, employment and volunteerism brought forth in 2009.
- **Strengthening Ohio’s Health-Care Workforce:** ODH, in partnership with the U.S. Department of Health and Human Services, is leading an initiative to increase the size of Ohio’s health-care workforce by 10-25 percent in 2020. Recruitment and retention programs for primary care, oral health and mental health providers have led to the placement of 225 providers and 65 providers-in-training in underserved communities in Ohio.
- **Making Unemployment Tax Filing Easier:** In March, ODJFS launched the Employer Resource Information Center (ERIC), a self-service, Web-based system that allows employers to easily manage their unemployment tax accounts, immediately file and pay unemployment taxes online and upload tax return data directly into the system. The transition to electronic, Web-based tax filing lowers administrative costs for the state and for businesses owners. ERIC offers secure, easy-to-use, online filing options that ensure greater accuracy and faster processing than traditional paper tax forms. Employers who still wish to submit paper claims can continue to do so.

- **Promoting Recovery to Work:** A partnership between RSC, ODADAS and ODMH led to the creation of a statewide program that allows Alcohol, Drug Addiction and Mental Health boards to contract with local agencies to provide vocational rehabilitation and treatment services to eligible Ohioans. State funds were used to draw down a three-to-one federal match, resulting in \$36 million in total funding, which will be used to help Ohioans fighting addiction and mental illness receive care and prepare for employment.
- **Increasing Employment Opportunities for People with Developmental Disabilities:** DODD joined the State Employment Leadership Network (SELN), a multi-state venture of state developmental disability agencies that shares ideas, best practices and system-change recommendations to improve employment and outcomes for individuals with developmental disabilities. Work is underway with SELN to complete a comprehensive assessment of Ohio's employment barriers and opportunities. Meanwhile, targeted federal funding from the Centers for Medicare and Medicaid Services for a Medicaid Infrastructure Grant has been secured to provide training for people with developmental disabilities to increase their ability to secure meaningful employment.

INCREASING EFFICIENCY, IMPROVING SYSTEM PERFORMANCE, SHARING SERVICES AND DELIVERING COMMON-SENSE REGULATORY RELIEF

The HHS state agencies have created efficiencies through shared services and other means and supported shared-service arrangements among stakeholders and customers. These agencies are also contributing to the [Administration's Common Sense Initiative](#) by implementing a series of common-sense regulatory reforms that will improve service to our customers. For a full list of the HHS Common Sense Initiatives, see this [report](#).

- **Improving Medicaid Information Technology:**
 - ✓ ***ODJFS launched the Medicaid Provider Incentive Program***, which provides federal incentive payments of up to \$63,750 to eligible Medicaid providers who adopt, implement or upgrade to certified electronic health records (EHRs) and demonstrate meaningful use of EHRs over six years. EHRs can enhance health care outcomes and reduce overall health care costs by consolidating a patient's health information and making it available any medical professional who needs it while still ensuring the patient's privacy.
 - ✓ ***ODJFS launched the Medicaid Information Technology System (MITS), replacing Ohio's outdated, 25-year-old Medicaid Management Information System.*** MITS automates and transforms existing business processes that previously relied on paper and were labor-intensive. It allows providers to submit claims through the web and get instant feedback on whether their claims were approved or denied, lowering administrative costs for the state and for health care providers. MITS also positions Ohio's Medicaid program to address current and emerging business demands; offers enhanced claims decision support to ODJFS and sister state agencies; and provides ODJFS with near real-time data about health care trends and the medical needs of Ohio's Medicaid population. Together, EHRs and MITS will help to digitize and streamline medical and billing information for Medicaid providers and beneficiaries across Ohio.
- **Ensuring Financial Sustainability and Medically Necessary Treatment in Behavioral Health:** ODMH and ODADAS have established much-needed utilization-management controls and cost-containment tools for community mental health and substance abuse Medicaid services. These tools were designed with a great deal of input from providers, boards and consumers with the goal of containing Medicaid costs so that funding for non-Medicaid services can continue and be maximized. These strategies, which are already required for other services provided under Medicaid, are needed to improve the coordination of physical and behavioral health care and ensure the wise use of program dollars.

- **“Elevating” Behavioral Health Medicaid Funding Responsibility to the State:** Beginning in SFY 2012, the financial responsibility for the non-federal share of Medicaid matching funds for substance abuse and mental health carve-out benefits transferred from community behavioral health boards to the state. This move clarifies and aligns responsibility among state agencies and frees up community levy funding, allowing county behavioral health boards to focus on developing and managing non-Medicaid community services and supports, such as housing for individuals with mental illness.
- **Consolidating Fiscal Operations:** ODMH and ODADAS combined their fiscal offices to improve coordination and financial support and oversight of behavioral health boards and providers. The agencies standardized functions related to Medicaid claiming and reimbursement to mirror other state Medicaid provider types, benefitting behavioral health providers through a quicker, more direct payment approach.
- **Rightsizing Mental Health Hospitals:** ODMH consolidated two state psychiatric hospital sites in Northeast Ohio, maintaining the same bed capacity and realizing at least \$4 million annually in savings on overhead and personnel costs, thereby avoiding the need to make reductions of that amount in essential community-based services. In addition, capital dollars already encumbered will be used to maintain and/or renovate the six remaining state hospitals.
- **Consolidating Housing Programs:** The Administration consolidated oversight of the Residential State Supplement (RSS) Program and regulation of Adult Care Facilities and Adult Foster Homes from three separate departments to ODMH. The results are reduced provider fees and a streamlined administrative structure that benefits people with disabilities who choose housing options provided through this subsidy.
- **Streamlining DD Programs:** The Administration is consolidating Medicaid programs for people with disabilities in DODD. This move eliminates barriers that have made it difficult to align policies and set priorities across these programs and confound individuals who want to move from one service to another.
- **Sharing Services Among Local DD Boards:** DODD is helping county boards of DD find innovative ways to share services and reduce duplicative costs while preserving high standards of quality care. Currently, 15 county boards are sharing superintendents or actively developing agreements to do so. In addition, DODD is working with an 18-county collaborative in southeastern Ohio to develop ways to standardize processes like administering waiver services and payment procedures, as well as create a shared IT platform to reduce financial and administrative burdens.
- **Improving DD Business Efficiency and Online Services:** DODD launched a new Website to expand online service capabilities for individuals with disabilities and the providers and county board of DD that serve them. Individuals now have access to a more comprehensive online search tool to find providers in their area offering services they need, as well as more user-friendly access to contact information for all 88 county boards of DD. County boards now have access to secure certification and status information on area providers. Also, providers can now apply for and renew certifications completely online, through a Certification Wizard Program that reduces paperwork and duplication of information required by various forms.
- **Modernizing Eligibility Determination:**
 - ✓ ***ODJFS introduced the Face-to-Face Waiver for initial cash and food assistance interviews.*** This waiver allows county caseworkers to perform required eligibility checks over the phone.
 - ✓ ***ODJFS announced a variety of enhancements to the agency’s online benefit application portal.*** Among other things, the Website now allows users to view their benefit history for the last 12 months; check the balance on their food and cash assistance cards; enroll in a managed-care plan for their medical assistance; and complete and electronically sign reapplication forms and interim report. Together, these changes speed eligibility determinations, lower administrative costs, and reduce the number of times clients must visit their county departments of job and family services.

- **Reducing RSC Overhead:** RSC has reduced rent costs by \$1.2 million by reducing site offices from 31 to 14. As a result, RSC has embedded counselors in the community at local ODJFS One-Stop Centers, schools and other convenient locations, placing the vocational counselors closer to consumers and providing opportunities for staff to network and build working relationships with other health and human services providers.
- **Detecting Fraud:** RSC’s Division of Disability Determination (DDD) fraud unit led the nation in 2011 in identifying fraud and recovering funds, resulting in a savings of almost \$41 million. DDD had the lowest cost per case in the region, and the division served 211,857 Ohioans who filed a claim this year, exceeding its goal by 3,000 people.
- **Planning for a Growing Population of Older Adults:** ODA has developed a strategic plan that will position Ohio on the leading edge of innovation and improve our ability to respond to the growing and changing needs of Ohio’s older population. As part of this plan, the department is implementing an agency-wide reorganization to better align functions and work products with measurable outcomes. ODA has implemented an agency-wide customer service policy and is building infrastructure and shared-service partnerships to ensure it delivers high-quality services more efficiently.
- **Providing Nursing Facility Regulatory Relief:** The Jobs Budget included changes to the nursing home licensure statute to authorize much-needed regulatory relief for the nursing home industry. ODH is working with interested parties to adopt rules to implement these changes. In addition, the certificate of need (CON) rules were amended to allow a change in project site after submittal of the application and before it is deemed complete. This change saves an applicant for nursing home beds money because the facility no longer has to submit a new application and fee if they change a project site after submittal.
- **Making ODA Rules More User-Friendly:** ODA has made enrollment to the Medicaid funded Assisted Living program easier and now begins paying for residents immediately while their eligibility is being determined. ODA has also eased contract timelines and requirements for assessments and has made the “front-door” service to seniors more effective and efficient.
- **Improving Customer Service and Efficiency at ODA:** ODA has implemented an agency-wide customer service policy and is reorganizing to share services between programs.

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