



American Rescue Plan Act

Home and Community Based Services Spending Narrative and Projection

September 12, 2023

Page 1

Final

Governor Mike DeWine | Lt. Governor Jon Husted | Director Maureen Corcoran



Department of Medicaid

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Ohio submitted to CMS an initial funding projection and a narrative on process and broad potential areas of funding in July.

Ohio engaged in a process to solicit feedback from the community for recommended use of funds. Given the diverse group of stakeholders, Medicaid posted an RFI in August to solicit feedback from all stakeholders. That process was completed by the end of August and supported the development of the proposed spending plan.

After receiving federal approval on various state plan amendments and appendix K submissions, provider relief payments as outlined in this spending plan were completed before March 31, 2022. The following is a detailed explanation of the state's updated spending plan.

Contents

Proposed Detailed Spending Plan	4
Immediate Provider Workforce Relief	5
Direct Payments to Providers	6
Workforce Support – Sustain and Expand	9
HCBS Workforce Development Strategic Fund	Error! Bookmark not defined.
System Supports for HCBS Workforce.....	Error! Bookmark not defined.
Technology Enhancements	14
Improvements in IT and Program Infrastructure	14
Using Telehealth and Technology to Support Individuals in the Community.....	Error! Bookmark not defined.
Developmental Disability System Technology Supports.....	14
Program and System Enhancements	16
Address Gaps in Services	Error! Bookmark not defined.
PACE Expansion	16
Supports for Individuals & Informal Caregivers	Error! Bookmark not defined.
Eliminating Disparities and Addressing Social Determinants of Health.....	Error! Bookmark not defined.
Multi-System Youth in the DD System	Error! Bookmark not defined.
Developmental Disability System Enhancements	18

Proposed Detailed Spending Plan

The directors of multiple state agencies engaged in a cross-agency collaboration to review stakeholder feedback and build out a joint proposal. The plan is reflective of stakeholder feedback and provides a boost of support for the administration’s efforts to further expand high-quality care for individuals in the community. This priority has especially come into focus during the pandemic as institutional-based care has become less desirable by Ohioans and the demand for services and supports in the home and community are growing.

The proposed plan identifies four major areas of proposed funding, summarized:

Joint ARPA HCBS Proposals – Summary Page	Proposed HCBS Allocation (State Share)	% of Total HCBS Allocation	Proposed Total Funding (w/Match)	% of All Funds
1. Provider Workforce Relief - Maintain (Calc. 10% Rev.) Actuals	\$141,623,392	23%	\$517,573,073	35%
2. Workforce Support - Sustain and Expand	\$95,000,000	3%	\$95,000,000	1%
3. Technology Enhancement	\$21,000,000	15%	\$21,000,000	7%
4. Other Program and System Enhancements	\$362,707,039	59%	\$839,302,064	57%

Project outline:

JOINT ARPA HCBS Proposals	Proposed Total Funding (w/Match)	Proposed HCBS Allocation (State Share)
1. Immediate Provider Workforce Relief		
Provider Workforce Support Funding - Actuals	\$517,573,073	\$141,623,392
Subtotal Provider Relief	\$517, 573,073	\$141,623,392
2. Workforce Support - Sustain and Expand		
HCBS Workforce Development Strategic Fund	\$85,000,000	\$85,000,000
Increasing capacity for behavioral health services for children and youth	\$10,000,000	\$10,000,000
Subtotal Workforce Support	\$95,000,000	\$95,000,000
3. Technology Enhancement		
Improvements in Information Technology and Program Infrastructure	\$6,000,000	\$6,000,000
Developmental Disability Technology Advancements	\$15,000,000	\$15,000,000
Subtotal Technology Enhancement	\$21,000,000	\$21,000,000
4. Other Program and System Enhancements		
PACE Expansion	\$50,000,000	\$50,000,000
Rate Increases	\$722,700,283	\$257,805,258
DODD System Enhancements	\$27,000,000	\$27,000,000
MyCare Conversion to FIDE-SNP	\$27,400,000	\$15,700,000
Unencumbered Funds	\$12,201,781	\$12,201,781
Subtotal Other Programs and Enhancements	\$839,302,064	\$362,707,039
Grand Total	\$1,472,875,137	\$620,330,432

Immediate Provider Workforce Relief

The agencies completed one-time direct payment to HCBS providers in recognition of the essential work performed and for relief from the negative economic impacts experienced during the ongoing COVID-19 public health emergency (PHE). The provider groups identified for this support are all direct providers of HCBS services listed in appendix B to SMD# 21-003. Payments made to providers were completed before March 31, 2022. Communications with stakeholders were clear that these are one time funds and Ohio has appropriated these dollars as one time spending in a bill separate from the ongoing operating budget.

The agencies' goal is to improve access to community-based care to address gaps in service provision related to the ongoing COVID-19 PHE. Many providers have lost revenue during the PHE due to reduced demand for face-to-face services and increased costs for personal protective equipment (PPE), and office reconfigurations, to protect employees and patients.

Direct Payments to Providers (Actuals)	
\$518M Total Investment	\$142M HCBS Allocation
Payments were made directly to HCBS-identified providers to support an immediate need to support workforce capacity. Providers are required to invest directly into their staff through retention/sign-on bonus.	

H.B. 169 PROVIDER
RELIEF FUNDING
Proposed Allocations

Budget Item / Provider Types	Description	Services covered	SPA	Appx K	438.6(c) Preprint	Cap Rate Adjustment	Amount
Ohio Home Care, PASSPORT (NF-LOC)	Approx. 10% Lump sum, determined using claims from period 11/1/2020-10/31/2021	Adult day, alternative meal, choices home care attendant, home maintenance & chores, personal emergency response system, home medical equip & supplies, homemaker, home modification, nutritional consultation, personal care, social work counseling, home-delivered meals, community integration, non-medical transportation enhanced community living, waiver nursing service, out-of-home respite, home care	No	Yes	No	No	\$39.0 million all-funds

		attendant, supplemental adaptive & assistive devices, vehicle modifications, supplemental transportation & community transition services.					
MyCare			No	No	Yes	No	\$44 million all-funds
Individual Options, Level One, and Self-Empowered Life Funding Waiver (SELF) (DD LOC)	Approx. 10% Lump sum, determined using claims from period 11/1/2020-10/31/2021	Homemaker/Personal Care (HPC), Onsite/On-call HPC, Participant-Directed HPC, Transportation, Informal Respite, Community Respite, Residential Respite, Adult Day Supports, Vocational Habilitation, Career Planning, Independent and Group Employment Supports, Non-Medical Transportation, and Shared Living. Active non-public providers rendering service during the established timeframe will be included for this one-time payment.	No	Yes	No	No	\$209.0 million all-funds
Non-Institutional DMEPOS Providers, Home Health	Approx. 10% Lump sum, determined using claims from period 7/1/2020 through 6/30/2021	Non-Institutional (Community) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers, Hospice provider services, State Plan Home Health providers of State Plan Home Health Physical	Yes, Disaster Relief SPA for FFS components	No	YES for managed care and MyCare components	No	\$70.0 million all-funds

		Therapy, State Plan Home Health Occupational Therapy, State Plan Home Health Aide, State Plan Home Health Nursing, Private Duty Nursing and RN Assessment services					
Community Behavioral Health Services Provider types 84 & 95	Approx. 10% Lump sum, determined using claims from period 7/1/2020 through 6/30/2021	Services rendered by MH agencies & SUD treatment providers certified by the ODMHAS authorized under the rehabilitation section of the State Plan.	Yes, Disaster Relief SPA for FFS components	No	YES for managed care and MyCare components	No	\$123 million all-funds
Community Behavioral Health Medicaid Services	Approx. 10% Lump sum, determined using claims from period 7/1/2020 through 6/30/2021	Services inc. physician & non-physician licensed BH practitioner services, MH rehabilitative services, and SUD treatment services rendered by practitioners operating within community MH agencies & community SUD treatment providers. Active community MH agencies & community SUD treatment providers during an established timeframe will be inc. for this one-time payment. BH services rendered by hospitals, professional groups, or independent BH practitioners not operating within a community MH or SUD treatment provider are excluded.	Yes, Disaster Relief SPA for FFS components	No	Yes for managed care and MyCare components	No	\$31.7 million all-funds

PACE	Included in the PACE capitation rates effective as of 7/1/21	Services covered under the PACE program	No	No	No	Yes	\$2.0 million all-funds
						Total Proposed Allocation	\$519,000,000

Workforce Support – Sustain and Expand

HCBS Workforce Development Strategic Fund

HCBS Workforce Development Strategic Fund– Sustain and Expand	
\$85M Total Investment	\$85M HCBS Allocation

(This portion of the Workforce Proposal received preliminary approval from CMS in July of 2022). During the COVID-19 pandemic, providers have been unable to adequately maintain the needed workforce capacity. Even prior to the onset of the pandemic, this sector of health care had been facing a shortage of workforce in direct care and professional services.

The proposal seeks to address the negative impact COVID-19 has had and is relevant for workforce needs for multiple systems/agencies including the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Developmental Disabilities, and the Ohio Department of Aging.

The health and success of Ohio’s families and communities depends on effective strategies to recruit and retain behavioral health professionals. Our immediate focus is on growing high-quality training and academic programs in our two- and four-year colleges and universities that can deliver trained professionals to fill the unmet need for behavioral health services in home and community-based settings (HCBS). This effort will help provide an immediate infusion of talent to stabilize our workforce while growing and sustaining the future pipeline.

The Ohio Department of Medicaid (ODM) has joined forces with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Higher Education (ODHE) on a multi-pronged approach to boost the number of qualified graduates who are trained and ready to enter the behavioral healthcare workforce in the next one to two years and who are committed to serving in Ohio communities across the state. This infusion of talent will improve the ability of Community Behavioral Health Centers (CBHCs) regulated by

OhioMHAS to deliver quality, timely, person-centered care for Ohioans living with mental health and substance use disorders and expand, enhance, and strengthen home and community-based services under Ohio's Medicaid program. Ohio will not pursue federal match for the Wellness Workforce initiative.

This plan entails using \$85M of the HCBS Workforce Development Strategic Fund to grow existing career-focused programming in the behavioral health disciplines at Ohio's two- and four-year colleges and universities. As of early January 2023, the agencies have received legislative appropriation authority and are moving ahead with project implementation. No expenditures have been made yet by the agencies.

- At Ohio's two- and four-year colleges and universities, these efforts will target students in their final two years of studies who are pursuing degrees or certificates in health and human services related fields and will fund efforts including scholarship opportunities to assist with the costs of obtaining undergraduate and graduate level degrees or certificates; paid internships in CBHCs at the undergraduate and graduate levels; and the costs of license and certification preparation and exams and other necessary costs related to the degree or certificate. Individuals benefiting from this opportunity will be expected to perform their internship at a CBHC that is also participating in the recruitment and retention component. CBHCs offer non-institutional behavioral health services.
- A student pursuing a degree or certificate in a behavioral health field will be eligible for up to \$10,000 during their undergraduate and graduate studies and up to an additional \$5,000 post-graduation in recruitment and retention bonuses for obtaining employment in a community behavioral health center in Ohio.
 - A student enrolled in the aforementioned academic programs is eligible for up to \$10,000 to be used to cover costs associated with internships and their required licensure and certification in a behavioral health profession.
 - Upon graduation, CBHCs participating in the program and serving Medicaid-eligible individuals in home and community-based settings, may offer new employees up to a \$2,000 recruitment bonus as well as up to a \$1,500 retention bonus for the first year of completed work, and again for the second year of completed work (\$5,000 max total per person).
- In order to incentivize new behavioral health professionals already credentialed to return to the workforce, funding will be allocated for recruitment. An example would be a person licensed or credentialed in behavioral health field who has been away from the workforce but would like to return.
- The expansion and strengthening of practice in these settings will require additional operational resources, and this funding will support the necessary costs associated with growing the available workforce for home and community-based services.

- Ohio plans to fund the creation of a statewide behavioral health Technical Assistance Center (TAC). The key function of the TAC is to carry out Ohio’s Wellness Workforce Priorities, including increasing career awareness, supporting recruitment, incentivizing retention, and supporting contemporary practice. The TAC will serve as professional development resource hub for those entering and advancing careers in the behavioral health field. The TAC be working with employees of CBHCs and the employing CHBCs all of which offer non-institutional behavioral health services. This includes supporting and monitoring the post-graduation retention efforts outlined in the above higher education opportunity. As part of behavioral health workforce capacity building, the TAC will facilitate communication and partnerships across and within Ohio systems and communities.
- Ohio will work with existing state accountability programs and bring in the needed expertise to ensure there is mandatory reporting for compliance and data for budgetary and programmatic initiatives. This will be in collaboration across the Ohio Department of Higher Education, Ohio Office of Budget and Management, Ohio Department of Medicaid, and Ohio Department of Mental Health and Addiction Services.

Amount	Purpose	Administrative State Entity
\$45M	Funding for students in their final two years of higher education for costs associated with completing undergraduate and graduate degrees.	Ohio Department of Higher Education
\$22.5M	Employment recruitment and retention funding to CBHCs.	Ohio Department of Mental Health and Addiction Services or ODM
\$5M	Funding for workforce recruitment for behavioral health care providers choosing to return to the workforce.	Ohio Department of Mental Health and Addiction Services
\$1.5M	Establishment of a Statewide Technical Assistance Center.	Ohio Department of Mental Health and Addiction Services
\$11M	Operational and administrative support for CBHCs to provide training, support, and supervision to students to prepare for workforce entry.	Ohio Department of Mental Health and Addiction Services or Ohio Department of Medicaid
\$85M	Total	

Proposed Timeline

Activity	Month
CMS approval of Ohio Behavioral Health Workforce Plan	June 2022
State legislative approval of state funds appropriation	January 2023
Distribution of Funds to Higher Education	June 2023
Beginning Distribution of funds for Providers	July 2023
Launch Technical Assistance Center	July 2023

Increasing capacity for behavioral health services for children and youth

Increasing capacity for behavioral health services for children and youth	
\$10M Total Investment	\$10M HCBS Allocation

Background:

In Ohio and across the nation, an increasing number of children and youth need to access specialized services to address challenges related to mental health and substance use disorder challenges. In recent years, Ohio Medicaid developed new and enhanced coverage for specialized in-home and community-based services to address this population's needs. Several Ohio child-serving state agencies established and jointly fund a Child and Adolescent Behavioral Health Center of Excellence to support the addition and/or expansion, implementation, sustainability, and/or monitoring and evaluation of a number of behavioral health services/processes for children and youth, including expansion of access through use of telehealth.

Project Description:

Even with new and enhanced Medicaid coverage and the Center of Excellence in place, staffing and workforce development challenges are greatly contributing to a very slow expansion of access to some of the new types of care, as well as a decrease in the number of providers offering some of the most specialized services. Additional investment is needed to help community behavioral health organizations expand and sustain access to these specialty services. Many providers report they need support for 12-18 months of "ramp up" when implementing new and expanded services to account for the time and resources it takes to build new programs and caseloads.

To help increase capacity, ODM proposes using \$10M of ARPA HCBS dollars to provide grants to existing and new Medicaid community behavioral health provider organizations to start and expand their provision of specialized in-home and community behavioral health services for children and youth.

Community behavioral health organizations will be able to use funds to support:

- Program development, strategic planning related to expanding access to care, peer-to-peer learning, and community development / engagement activities to connect children and youth to care.
- Human resources operations to support new recruitment, hiring, and retention operations.
- Recruitment sign-on bonuses for newly hired staff.
- New staff onboarding, training, and supervision.
- Continuing education for existing staff, supervisors, and clinical leaders to improve the quality of specialized services.
- Partial coverage of salaries for staff and supervisors while they build their caseloads.
- Retention bonuses for staff who demonstrate longevity commitments to delivering specialized community-based care.
- One-time costs associated with establishing, connecting, and enhancing health information technology infrastructure needed to support staff in delivering high-quality specialized behavioral health services, and to deliver such services using telehealth when clinically appropriate.

- Licenses and license and model/quality improvement costs associated with implementing evidence-based and evidence-informed clinical practices.

Up to 10% of the \$10M will be used to fund technical assistance, the provision of education and program development activities, and grant support for the project through Ohio’s Child and Adolescent Behavioral Health Center of Excellence.

Ohio will not pursue federal match for this initiative.

Technology Enhancements (The following proposals are placeholders. The state has not received CMS approval.)

To support the continuing access to care, and to strengthen the HCBS workforce delivering care, the agencies are collectively proposing to invest in infrastructure and equipment. The proposals involve a variety of projects in each of the sister agency programs. Some would reside within individual programs; some projects would leverage results for multiple programs.

The following proposals are conceptual only. All will require State legislation.

Improvements in IT and Program Infrastructure	
\$6M Total Investment	\$6M HCBS Allocation
<ul style="list-style-type: none"> ▪ Modernize systems used for services for the Aging community, including Ohio Benefits Long-Term Services and Support application, Passport Information Management System (PIMS), and develop a predictive Risk Model for Disease Outbreaks. 	

Developmental Disability System Technology Supports	
\$15M Total Investment	\$15M HCBS Allocation
<ul style="list-style-type: none"> ▪ Implementation of Technology First Recommendations aimed to provide technological support to recipients receiving care in the home and community. 	

- Support development of a system, “DSP Now,” that will offer services coordinated through multiple providers for each person who needs it. The platform will allow for greater flexibility in scheduling for DSP workforce to address growing demand.
- Development of HCBS DSP support network.
- Development of technology for people and families.

Workforce

DSP Portal - \$3,500,000

The DSP portal will be a platform where DSPs can register their credentials, store training, and build their professional portfolio.

DSP Support Network - \$5,000,000

The DSP support network will establish provider-specific projects that can be used to support DSPs in HCBS settings in ways that reduce their isolation and provide them with person-specific support. These projects could include the creation or expansion of employee resource networks that could include linkage to success coaches and community resource navigators for DSPs.

Innovative Technology and Supporting Youth

MSY Waiver Pilot - \$3,000,000

The MSY waiver pilot will determine the additional services and costs associated with those services needed for youth with complex needs to be supported successfully in an HCBS waiver setting. The funds for this pilot project will be used to assess the needs of service providers as well as to test the viability and cost of new services. If the pilot is successful, these services may later be added as an HCBS waiver service.

Smart Home Technology - \$1,500,000

Funding for smart home technology to be purchased and installed in HCBS settings to provide more support and independence for people living with disabilities.

Technology Projects - \$2,000,000

Grants proposed for technology services to ensure that people living with developmental disabilities have access to the latest technology and that they can live as independently as possible in HCBS settings.

Program and System Enhancements

Program of All-Inclusive Care for the Elderly (PACE) Expansion	
\$50M Total Investment	\$50M HCBS Allocation
<ul style="list-style-type: none"> ODA, as the PACE state operating agency, would fund start-up costs and state administrative costs to support the statewide development and implementation of up to seven new PACE sites. At least one PACE site is anticipated to be developed in a rural area of Ohio. 	

The Ohio Department of Aging (ODA) will use ARPA funds to increase access to the PACE Program to individuals across Ohio. Currently, this integrated care model is available to individuals in Cuyahoga County, Ohio. Recent legislation allows Ohio to support additional PACE sites in Franklin, Hamilton, Montgomery, Lorain, Lucas, Summit counties, as well as consider supporting an additional rural site. Expanding PACE to more areas in Ohio will enhance, expand, and strengthen access to HCBS for older adults.

Timeline:

- PACE Expansion RFP issued: No later than May 6, 2023
- Receive initial ARPA funds for initial hiring
- RFP Closes: No later than August 4th, 2023
- Receive ARPA funds dedicated to start up fund awards
- Awards made to PACE Applicants: No later than May 4th, 2024 per legislation, anticipate completion by January, 2024.
- Updated State Plan Amendment submitted, documenting areas where PACE program is active and PACE rate methodology, no later than October 2024.
- PACE Applicants submit CMS NOIA: October 2024 (estimate, no legislative requirement)
- PACE CMS Application submission: January, 2025 (estimate, no legislative requirement)
- Earliest potential CMS approval date: April 1, 2025 (estimate, no legislative requirement)
- Deadline for PACE site to provide services: April 1, 2026 (per legislation, no later than 2 years after CMS approval)

Administrative Expenditures—Start Up Funds

ARPA funds will be utilized to fund start-up costs for qualified PACE Organization applicants. The total funding allocated to start-up funds is \$43,225,000. Ohio will permit funds to be spent in the following categories:

- Brick and mortar capital costs, including costs related to the purchase or modification of a PACE Center.
- Establishing a transportation network for the proposed PACE Center, including purchase, modification, or maintenance of vehicles.

- IT infrastructure, including purchase and modification of electronic medical or case management systems.
- Workforce training and development, including training surrounding person centered planning, care for individuals with dementia, ensuring health equity, etc.

Start-up funds will be awarded to sites via the RFP process and will be required to be spent by December 31, 2024 to ensure that the funds have been utilized to prepare the sites for a successful CMS application and readiness review, and to ensure the ARPA funds are expended by the April, 2025 deadline.

Administrative Expenditures—ODA Personnel, IT Infrastructure and Quality Assurance Training

ODA total administrative costs for personnel, IT infrastructure, contracts, and other essential admin costs are estimated to be \$9,963,694, which includes \$4,454,242 ARPA Match, \$527,605 GRF Match, and \$4,981,847 Federal Match. The remaining balance of \$2,320,758 will be used for other administrative expenses that arise during the implementation of the expansion as needed to assure successful implementation and site support. All administrative expenditures will be matched at the 50%/50% FMAP rate, as ODA does not anticipate any of our expenditures to be eligible for a higher matching rate.

ODA will require administrative funds to support the implementation and oversight of the expanded Ohio PACE program. These administrative funds include staffing expenses, as well as contract expenses. ODA will utilize funding to hire a PACE Director, relevant clinical staff, contract managers, fiscal staff, legal staff, and IT staff.

Administrative funds are anticipated to be used to procure an IT data aggregation system that will allow ODA to receive PACE site data for reporting and oversight needs. Ohio anticipates spending \$590,000 in ARPA funds in FY2024 and \$70,000 in FY2025 on the creation of the data aggregation system. Ohio will also be dedicating approximately \$500,000 in ARPA funds to the creation and distribution of statewide marketing materials that describe the PACE program to Ohioans and their care providers. These marketing materials will educate individuals and health care providers about this new integrated care option available across Ohio and identify how individuals can apply for services.

Finally, Ohio will utilize ARP funds to create and provide trainings to the PACE Organizations to ensure high quality services and care coordination to participants. Topics will expand on person centered planning, encouraging and including individual and family goals into care planning, addressing end of life care, and addressing health disparities. Ohio plans to utilize approximately \$2,000,000 across FY24 and FY25 on contracts related to this important work related to improve quality across Ohio PACE.

HCBS Provider Rate Increases	
\$723M Total Investment	\$258M HCBS Allocation
<ul style="list-style-type: none"> ▪ ODM, ODA, and DODD have proposed in the 2024/2025 biennial budget, across the board rates increases for HCBS services for the following services: <ul style="list-style-type: none"> ○ Waiver Nursing 	

- Non-Waiver Nursing (Home Health Nursing and PDN)
- Waiver Personal Care (including Homemaker, etc.)
- Non-Waiver Aide
- Adult Day Services
- Home Delivered Meals
- Assisted Living
- Other Waiver Services
- PASSPORT Waiver Nursing
- PASSPORT Personal Care / Homemaker / Chore
- ODA Choices (PPL)
- ODA Home Delivered Meals
- ODA Adult Day Services
- ODA Assisted Living
- ODA Other Waiver Services
- Homemaker Personal Care, Shared Living, & Remote Support
- Adult Day Services & All Transportation

Final dollar amounts will be established during the legislative session.

Developmental Disability System Enhancements

\$27M
Total Investment

\$27M
HCBS Allocation

- DODD will implement the Adult Day workgroup Blueprint proposal issued May 20, 2021, to provide an enhanced service offering.

Adult Day Blueprint Recommendations

ADS Quality Pilot - \$12,500,000

This project aims to enhance the quality of Adult Day Support services by ensuring that people receive high-quality care and experience greater community engagement within the ADS program. Includes funding for project administration and management.

Employment Quality Pilot - \$450,000

This project aims to enhance the quality of Employment services by enhancing competitive

integrated employment outcomes and experiencing greater quality of support within employment services.

Provider Capacity Grants - \$250,000

Technical assistance grants for Adult Day Support providers willing to expand their services to people with behavioral health conditions, particularly to access integrated community settings. These grants will be specific to HCBS Adult Day Support providers.

Purchase Employment Courses - \$100,000

This project will support integrated community employment, provide employment DSPs with more training, and ultimately promote community integration for people receiving employment services in Ohio.

Supports for People Receiving Services and their Families

Funds from this proposal will be used to support and strengthen a person or family's access to HCBS services and will not be available to support institutional settings or providers.

Supported Decision Making - \$250,000

This project focuses on promoting supported decision-making and providing strategies to support decision-making. Supported decision making is important to HCBS services because it allows people with disabilities to make their own decisions about their lives, and it will be supported by a cross-organizational advisory council as well as increased outreach and education through a vendor selection process.

Supporting Adult Crime Victims with Disabilities - \$500,000

This project will increase the awareness of abuse, neglect, and exploitation of people with disabilities who access HCBS waiver services and will include training on forensic interview protocol for adults with disabilities who have been victims of crimes or neglect.

Mentorship Program - \$500,000

This project aims to establish a mentorship program, connecting families and people living with disabilities with experienced peers who can offer guidance and support in navigating disability services and increased independence. The primary audience for these trainings would be people and families accessing Medicaid HCBS services or wanting to learn more about or advocate for those services, but may also include people and families accessing locally funded HCBS.

Ohio Leadership Academy - \$350,000

The Ohio Leadership Academy seeks to equip people living with disabilities and family members with leadership and advocacy skills to actively contribute to decision-making processes. The primary audience for these trainings would be people and families accessing Medicaid HCBS services or wanting to learn more about or advocate for those services, but may also include people and families accessing locally funded HCBS.

Charting the LifeCourse Resource Expansion - \$200,000

The expansion of Charting the LifeCourse resources aims to help people living with disabilities

and their families identify their vision for a fulfilling life and effectively utilize home and community-based services.

Inclusive Conferences - \$150,000

These funds will be used to support the various conferences in Ohio to be more accessible for people with disabilities to attend and to support them to have a more prominent voice in their development. This funding would be made available to conference organizers to provide a more accessible setting for their conference allowing for more participation by people receiving HCBS waiver services.

Family Care Connection - \$7,500,000

The Family Care Connection project aims to provide agile support and services to families supporting their family members with disabilities by addressing their diverse needs and expanding their HCBS services to access more non-disability specific settings. Families may access these funds for informal respite care, access to modified or non-traditional transportation, housing repairs or modifications for people who have complex behavioral needs, assistive technology or technology subscriptions, access to additional education and training opportunities along with support groups.

Accessible Communities - \$4,000,000

Investments in public and private infrastructure to expand access to non-disability specific settings, including grants for the purchase and installation of universal changing tables. While these funds will be targeted to expand accessibility for people receiving HCBS waiver services, there will be a secondary effect of the infrastructure also being available for the broader disability community to access.

Training Content - \$250,000

The development of in-person and online content will focus on enhancing person-centered planning assessments by Service and Support Administrators to better support people with disabilities and their families in accessing appropriate services, especially those who have complex or behavioral health needs.

MyCare Conversion	
\$27M Total Investment	\$16M HCBS Allocation
<ul style="list-style-type: none"> ODM will implement MyCare conversion to a Fully Integrated Dual Eligible Special Needs Plan to support the Medicare-Medicaid Financial Alignment Initiative. 	

Supporting MyCare Conversion to FIDE-SNP

Request for ARPA Funding

	SFY24	SFY25	TOTAL
Total	\$10,700,000	\$16,700,000	\$27,400,000
ARPA \$	\$6,350,000	\$9,350,000	<u>\$15,700,000</u>

Background:

Since the initial award in December 2012, the Ohio Department of Medicaid (ODM) has supported the Medicare-Medicaid Financial Alignment Initiative (FAI) demonstration known as MyCare. The MyCare program was designed to provide coordinated care for the individual's Medicaid and Medicare services and to pay the MyCare Medicaid-Medicare managed care plans (MMP or MyCare plans) a capitated, blended payment using a three-way contract between the MMP, Ohio Medicaid and CMS. In addition to Medicare benefits, Medicaid benefits currently required of the MMPs include acute care, behavioral health, long-term services and supports (LTSS), dental, vision, home health, and durable medical equipment. Providing person-centered planning and coordination of services is key.

In Ohio there are 258,149 dually eligible individuals. Of those, 201,030 have full dual eligibility and 68% of them are enrolled in MyCare. Over 87% of the MyCare enrollees receive services in community-based settings, and 21% receive LTSS Waiver services. As required by recent federal regulatory changes, ODM is transitioning the current MyCare program to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) model.

ODM is proposing to use \$15,700,000 ARPA HCBS funds as state share to support conversion which will enhance, expand, and strengthen HCBS for individuals served in community settings with the following items that would be matched at an administrative rate of FMAP:

MyCare Conversion /Cost Component	Total Requested Funds
Consolidated IT Cost	\$15,000,000
Ohio Medicaid Consumer Hotline (AHS)	\$1,000,000
Procurement & Actuarial Support	\$7,000,000
Training & Start-Up Costs-Community Support	\$4,000,000
Business Analyst/Project Manager	\$400,000

Description for consolidated information technology (IT) cost:

ODM is implementing the Next Generation of managed care model and requirements for the needs of individuals who are dually eligible in Ohio. The eligibility and program changes will impact all the OMES modules.

This includes adopting enhanced care coordination activities such as integrating and improving Medicaid managed care plan access to Medicare & Medicaid data.

This also includes the expanded use of technology by facilitating the incorporation of data in an interoperable format. This also includes establishing data sharing and governance agreements that enumerate standards and practices for sharing care plan data to help individuals navigate both Medicare and Medicaid benefits.

Additionally, improvements are needed to the Preadmission Screening and Resident Review (PASRR) process to prevent unnecessary institutionalization, including the adoption of standardized functional assessments.

Description for Consumer Hotline:

Changes are needed to the current Automated Health Systems (AHS) hotline, that will facilitate access to services through non-administrative No-Wrong-Door system activities. For the MyCare transition, the hotline will ensure participants and providers have a single-front door for information, and questions or concerns.

Description for Procurement and Actuarial Support:

This includes assistance for modeling procurement and readiness review for the integrated health plans that will deliver services and who will implement the Next Generation of managed care model and requirements for the needs of dual eligibles in Ohio.

This includes preparation and development for adopting standardized functional assessments and person-centered planning requirements; assistance in crafting and implementing improved care coordination to assist the needs of this complex population, with particular attention to their behavioral health needs; and preparation and development for self-directed program expansion. It also includes creating financial incentives and quality improvement activities as it relates to managed care organizations provider networks that serve dual eligible individuals in Ohio.

Description of Training and Startup Costs:

In addition to all the changes associated with the Next Generation managed care changes, training needs include, but is not limited to self-direction; person-centered service planning, including paid family caregivers; and new assessment requirements; Medicare related training, including topics associated with the FIDE SNP. Audiences for training include care coordinators, providers, managed care plans, families and individuals being served; and encompassing the disciplines of behavioral health, aging, health/medical care, and community engagement and other areas associated with social determinants of health.

No ongoing internet connectivity costs will be paid for using HCBS ARPA dollars. This statement applies to Ohio's entire ARPA spending plan.

Attestation

The State of Ohio attests to the following, in accordance with SMD #21-003. This attestation applies to Ohio's ARP quantitative report submitted in July of 2022.

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021