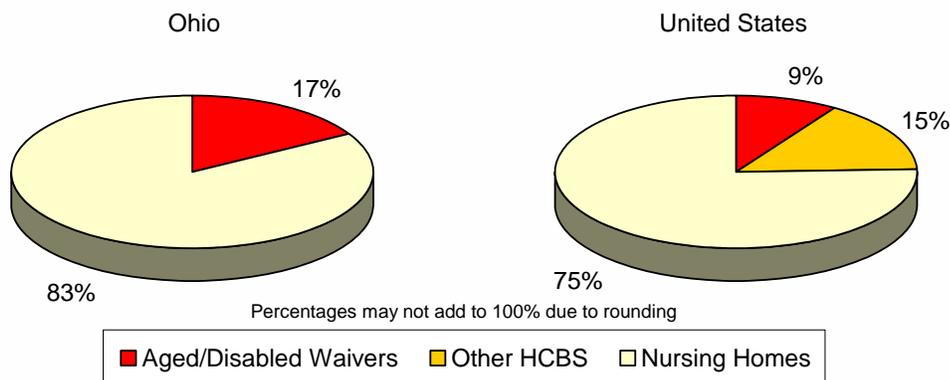


State Long-Term Care Reform in
OHIO

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Ohio and the U.S., 2006



Compared to the U.S. average, Ohio allocates a greater percentage (83 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Ohio spent 17 percent on waiver services.

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	26,135	34,576	+8,441	\$281	\$532	+\$251
Nursing Homes	92,133	98,232	+6,099	\$2,313	\$2,656	+\$342

Although Ohio has yet to achieve a balanced LTC system for older people and adults with physical disabilities, the state has made progress in increasing the number of Medicaid home and community-based services (HCBS) participants in recent years. More Medicaid participants received nursing home services than received HCBS in 2004, but the number of participants receiving HCBS increased 24 percent from 1999 to 2004, while the number of participants in nursing homes increased by only 6 percent. From FY 2001 to FY 2006, Medicaid spending on HCBS increased by \$251 million, compared to a \$342 million increase in spending for nursing homes.

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

Major Initiative

Ohio's PASSPORT program, a Medicaid HCBS Waiver program for persons age 60 and older, is one of the largest waiver programs in the United States, with about 33,000 participants. The program provides adult day services, care management, homemaker and chore services, home health, personal care services, respite, and hospice care.

In March 2007, Governor Ted Strickland issued a directive requiring the Department of Aging to expand access to PASSPORT services to include 1,100 individuals on a waiting list for the program. In addition, the 2007–08 budget bill (House Bill 119) approved by the legislature added 5,600 more slots to the program. The budget bill also authorized the development of a unified LTC budget that consolidates policy-making authority and budgets in a single entity, assures a cost-effective system, and provides consumers with choice and a continuum of services. The Implementation Committee, headed by the director of the Department of Aging and composed of state legislators, advocates, providers, and consumers, is expected to report its recommendations to the legislature in June 2008.

“PASSPORT and Global Budget”

Ohio's PASSPORT program was expanded by 5,600 slots to reduce the waiting list for Medicaid services. Legislation was enacted that authorizes the state to create a global budget while ensuring consumer choice in how and where they receive services.

Other Developments

Workforce. In July 2007, Gov. Strickland issued an executive order that established collective bargaining rights for independent home health care workers, including nurses and direct-care professionals. The action gave about 7,000 workers in Ohio the opportunity to select a bargaining representative.

Assisted Living. The Ohio legislature authorized the Department of Aging to develop an Assisted Living Medicaid Waiver pilot program in 2006 to serve 1,800 persons. Provider participation was slow initially because the rate of reimbursement was lower than the average rate in licensed Residential Care Facilities. Although there are 279 assisted living facilities in the state that meet waiver requirements, only 70 facilities participated in the program as of October 31, 2007. At that time, 300 clients were enrolled, and there were slightly more than 400 persons on a waiting list. The Assisted Living option was made a permanent option of the HCBS program in Ohio in House Bill 119, which passed in June 2007. An outside consultant will conduct a rate study.

Money Follows the Person (MFP). Ohio was awarded \$2 million for FY 2007, as well as a five-year commitment of \$101 million, to implement the MFP program statewide and expand HCBS. MFP resources will be used to examine the preadmission process for institutional care. In addition, state officials plan to enhance the process of transition from institutions to the community by providing supplemental demonstration services, such as independent living skills, peer support, and benefit coordination. Approximately 2,231 individuals will transition into the community during this demonstration period.