Disability Rights OHIO

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STATE BUDGET REVIEW BY DEPARTMENT

Ohio Department of Developmental Disabilities

- **New investments:**
  - $316 million over two years (in state dollars, the DODD portion of the budget is increased, over FY 2015 levels, by $45 million in the first year and by $102 million in the second year).
  - funding for home and community-based services waiver programs will increase from $184 million in FY 2015 to $279 million in FY 2017, an increase of $95 million.
- **State funding for 2,000 new slots for enrollment in the Individual Options (IO) waiver program and 1,000 new slots for the Self Empowered Life Funding (SELF) waiver program.** These new opportunities will benefit people who are living in ICFs and want to live in the community, those who may be seeking admission to an ICF, and those who are on waiting lists for these programs. A person in an ICF who is on a waiting list will again be considered a priority category and he or she (and the guardian, if applicable) will receive independent counseling on their options to receive services in

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the community.

- The number of people in private ICFs is projected to be reduced from 5,598 in 2014 to 5,300 by 2017, so 289 more of these people will be enrolled in the IO waiver program.
- For state-operated developmental centers, the census statewide will be reduced from a total of 923 residents in 2014 to an estimated 698 residents by 2017 (864 residents by June 2015), meaning 225 of these individuals will be enrolled on the IO waiver.
- All people on the Transitions DD waiver (2,890) will be transferred to the IO waiver, which will cover nursing services now.

- **The executive budget increases rates for waiver providers by six (6) percent to increase wages for direct care staff**, which the state hopes will provide a more stable workforce with reduced turnover.
- **The executive budget envisions a reduced reliance on large ICFs (9 or more beds) in a number of ways:**
  - the state will no longer permit more than 2 people in a bedroom and will restrict admissions for those that do not meet this new standard (a downsizing plan will be required to bring the facility into compliance within 10 years);
  - before a person can be admitted to a large ICF, the county DD board must evaluate the person and the DODD must determine whether the setting is the least restrictive;
  - rental assistance and authority to buy back beds from providers who downsize
  - further incentives for large ICFs to downsize and for

ICF providers to convert to waiver providers

- **$3 million in funding to create new services models that promote integrated employment and day services.** The number of individuals served in workshops and facility-based day settings is estimated to reduce by 3,495 by FY 2017 (from 23,3000 to 19,805 in FY 2014) as 6,095 more individuals participate in support employment and integrated day programs (14,195 individuals as of FY 2017, up from 8,100 in FY 2014).

Ohio Department of Education

The Ohio Department of Education (ODE) oversees a public education system consisting of 613 public school districts, 49 joint vocational school districts, 52 educational service centers, and approximately 381 community schools. ODE also administers the school funding system, collects school data, develops academic standards and model curricula, administers the state achievement tests, issues district and school report cards, administers Ohio's school choice programs, and licenses education personnel. In the 2013-2014 school year, nearly 250,000 students with disabilities were enrolled in Ohio's public schools, making up nearly 15% of the state's total enrollment.

- **Talking Points:**
  - Primary and Secondary education are 2nd largest GRF areas of expense, largest in terms of state spending. $7.7 Billion total, with $99 Million in GRF spending going toward special education. Federal government provides about $444 Million for special education.

- The Governor's budget increases GRF funding for the Special Education Enhancements program by $5 Million (9.3%) in FY 2016, but otherwise GRF special education funding appears to be flat.
- The K-12 funding formula does not appear to change substantially from the previous biennium, however many districts will see cuts. Districts either get 10% gain cap, 99% guarantee, or loss. Based partially on district's capacity to raise local money.
- The budget includes cuts of $0.8 million (33%) in FY 2016 and $0.4 million (25%) in FY 2017 to the Federal Education of Exceptional Children program. It's not clear yet what this means for the program, but this fund type is only the smallest part of special education funding. This fund is used for Ohio's Improvement Process which covers professional development and technical assistance to school districts.
- There will be a focus on charter schools, including an evaluation system and enforcement tools for bad charter schools. Bad sponsors can lose schools or ability to sponsor more.
- Reducing testing time thereby increasing time for instruction.
- Tougher standards for school counselors.

- **Issues to Monitor Going Forward**
  - Changes to special education programs because of cuts
  - Assessments for students with disabilities
  - Accountability and AYP standards
  - Restraint and seclusion

- Funding changes

Ohio Department of Medicaid

- **There was much speculation about whether the executive budget would include a continuation of Medicaid expansion under the ACA**, in which people with incomes up to 138 percent of the FPL can access Medicaid coverage. 450,000 people (mostly adults ages 18 to 64 without dependent children) have been added to Medicaid since January 1, 2014 as a result of the expansion.
  - There is no provision in the executive budget to reauthorize Medicaid expansion, but that is because, in the administration's view, it doesn't need to be reauthorized since it is already in state law and will remain in state law unless revoked.
- **Further changes will be made to Medicaid eligibility criteria.** Certain categories of individuals (pregnant women and other non-aged or disabled adults) whose income exceeds 138% of the FPL and who would have been eligible for Medicaid will now not be eligible for Medicaid and will instead by expected to seek private insurance through the ACA exchanges (this only affects new applications, not those currently on Medicaid).
  - This does not apply to persons with higher incomes who qualify for Medicaid through the MBIWD program (there had been efforts in the previous state budget to transition this population into the ACA exchanges or remove from state law the authority for the program) or because they need long-term care services.

- **The state will seek authority to charge premiums** for individuals on Medicaid whose incomes is above 100% of the FPL (estimates of $15-20 a month in premiums).
- **The state wants to move to an agency model for providing home and community-based services**, rather than maintain the option for a person to have an independent provider. Ohio Medicaid:
  - will not take any new independent service providers after July 1, 2016; and
  - will only accept claims submitted through home health agencies by July 1, 2019.
  - If an individual enrolled in a waiver program is using a self-directed option and is the employer of record, it may still be possible to continue to use an independent provider.
- **Eligibility determinations for Medicaid and Supplemental Security Income (SSI) benefits**, previously separate processes, would be consolidated and only a single determination would need to be made for both programs (section 1634 of the Social Security Act).
  - 9,500 to 14,500 people on SSI but not yet enrolled in Medicaid would be automatically enrolled in Medicaid.
  - The resource limit would be raised from $1,500 to $2,000.
  - Spend-down for Medicaid beneficiaries would be eliminated.

Ohio Department of Mental Health and Addiction Services

OhioMHAS is responsible for providing statewide service

systems for mental health services; alcohol, drug and gambling addiction treatment, and substance abuse prevention. They also operate the six regional psychiatric hospitals.

- **Overall**, MHAS is requesting a 4.7% increase in funds in 2016 and an additional 0.9% in 2017.
- **Medicaid Initiatives:**
  - State plan amendment for individuals who are currently on Medicaid, who are at risk of losing Medicaid coverage through the elimination of spenddown; want to continue to offer services that are covered by Medicaid but not otherwise available
  - Jan 2016: New acuity assessment and new services for individuals with high needs: assertive community treatment (ACT), intensive home-based treatment (IHBT)(for kids), high-fidelity wrap-around (for kids), peer services, supportive employment, and substance use disorder residential services; will be accomplished "over time in a cost-neutral way" by disaggregating CPST, case management, and health home services
  - Jan 2017: Developing "some sort of managed benefit" through stakeholder feedback process in March 2015
- **Targeted Investments:**
  - Children and Families:
    - early childhood mental health TA ($5M/yr)
    - Strong Families/Safe Communities program w/ DODD ($3M/yr, increase of $500K/yr, may refine parameters)
    - prevention for targeted populations like children w/ incarcerated parents ($1.5M/yr)

    - continuing Start Talking programs
- Saving Lives, Every Life Counts:
    - suicide prevention ($1M/yr)
    - continuing to build TIC infrastructure
    - increased access to naloxone ($500K/yr, not sure how many units)
- Partnership w/ DRC ($27.3M/$34.4M, including $12.5M transferred funds): to serve more incarcerated individuals who need addiction services, 120 recovery services employees will now be MHAS employees, plus additional new staff; connect with community services
- Other Criminal Justice:
    - addiction treatment program supporting drug courts ($2.5M/yr)
    - specialty dockets ($1M/yr to focus on new staff)
    - community forensic centers ($3M/yr—increase of $350K/yr)
    - probate court costs for evaluations and related proceedings ($1.28M/yr—increase of $500K/yr)
    - strategies within communities to reduce state hospital admissions such as improving rural jail MH services or supporting community-based competency restoration ($3M/yr)
- Housing and Employment:
    - Residential State Supplement (RSS)($15M/yr, retains increase from MBR)
    - recovery housing ($2.5M/yr)
    - Recovery Requires a Community

    - workforce initiatives including engaging employers re drug tests and intervention and assisting with job seekers in recovery ($1M/yr)
    - will use new standardized assessment tools to plan and allocate resources to meet housing needs through PSH, rental assistance for independent living, group homes, transitional housing, crisis housing and recovery housing
- **Appropriations**:
    - Hospitals (1,181 beds in 6 state hospitals): $10M/yr in additional GRF to cover decreased Medicare reimbursement and increased admissions; MHAS notes that this funding level is still below FY2011 levels despite admissions increasing by 1/3
    - Continuum of Care: allocation of funds will be determined through conversations with boards and stakeholders; overall reduction of $5.6M from FY2015; MHAS justifies the decrease based on the amount of Medicaid funding that has absorbed some community-based expenses
    - Central Office: additional decrease of $1M/yr
- **Language Changes:**
    - Medicaid match counts toward federally-required maintenance of effort
    - HIPAA-aligned changes re records of deceased state hospital patients (50+ years ago)
    - Reorganizing but maintaining intent of MBR provisions re continuum of care; does not require all recovery support services to be certified (such as

recovery housing, which is not certified)
    - Correcting/streamlining licensure and certification, including option for MHAS to suspend admissions by providers (in addition to child residential)

Opportunities for Ohioans with Disabilities

OOD is the federally designated state agency for providing vocational rehabilitation services to individuals with disabilities in Ohio. It does this through its Bureau of Services for the Visually Impaired (BSVI) and Bureau of Vocational Rehabilitation (BVR).

The Client Assistance Program is a federal grant that enables Disability Rights Ohio to provide information and referral, advocacy and legal representation to individuals with disabilities who are applicants or clients of BSVI and BVR.

- **OOD is asking for a 3.4% increase in General Revenue funds**, which would allow it to draw down the full federal match in FY 2016. This is good. In their letter to the Governor and legislative representatives, they emphasize that this makes good business sense because they serve more consumers and have a quicker return on investment. This may impress the legislature, but many consumers with very significant disabilities need longer-term services, and OOD's perspective does not take this into account. We see this in our casework.
- **Late last year, DRO wrote a letter to Director Miller** about including with his budget proposal proposed language to switch from a Commission to a State Rehabilitation Council. This would give advocates such as the SILC, parents, and other stakeholders and CAP a seat at the table and an opportunity to provide direct input to OOD leadership. DRO has not received a

response to this request.

- **The Blue Book does mention that they will have a priority to serve youth** aged 14 to 22. The WIOA requires that 15% of all VR funds be set aside to serve this population.
- **The WIOA also permits OOD to have a priority to serve individuals who need services to keep a job.** Right now those individuals need to either apply for post-employment services or request a new case be opened. Having a priority for job services would enable those individual to be served quickly.
- **OOD plans to open a web portal** so that individuals can apply for vocational rehabilitation services and receive other information. Based on DRO's experience, many individuals do not have access to a computer, so it is important to keep other methods of applying for services, such as snail mail, visiting an office and the telephone, as options as well.