On June 30, 2015, Governor Kasich signed House Bill 64, the state budget bill, into law. Listed below are some of the major issues from the budget that impact people with disabilities. The budget bill, in addition to setting out how many dollars the state will bring in and spend, also contains important policy developments.

Now that the budget process is over, it is important for people with disabilities and their advocates to follow the implementation of these key budget provisions to ensure that they operate fairly and effectively. It is critical to ensure that people with disabilities have a voice in implementation of the budget’s policy developments.

Services and Supports for Ohioans with Intellectual and Developmental Disabilities

Changes to community services and supports: The budget increased funding for the Department of Developmental Disabilities by nearly $300 million and also tracks the Department’s plans to increase access to community services and supports. The budget included resources to support 2,000 new Individual Options (IO) waivers and 1,000 additional SELF waivers. The budget continues to phase out the DD Transitions waiver by moving people to the IO waiver. The budget also adds nursing services to the IO waiver; however, it is not clear when exactly nursing services will be available.

Changes for service providers: The Governor’s first version of the budget included proposals to encourage Intermediate Care Facilities (ICFs) to downsize and to improve on services for people living in those facilities. An agreement between ICF providers and the state DD department allowed the House and Senate to remove some of the proposed changes and kept weaker versions of other changes.

Phase out of independent care providers: The final version of the budget did not include proposed changes to stop independent care providers from working for people on waivers. Instead, it required the legislature to study and “resolve” the independent care provider issue.
provider issue by the end of 2015. DRO will be monitoring this issue closely and working with stakeholders and policymakers to: move Ohio’s waivers to a self-directed model; make sure any changes still allow people with disabilities to choose who provides their care; and make sure that any additional costs will not be paid by waiver recipients and their caregivers.

Wages for care providers: The budget also increased the wage rate for direct care workers providing in home care by 6%, but clarified that the wage rate increase would only happen if funds are available.

Medicaid and Social Security Disability Insurance

Application process and eligibility for Medicaid and Social Security Disability Insurance (SSDI): The budget changes the way that people apply for Medicaid so that individuals will not have to complete separate application processes to become eligible for Medicaid and SSDI. Once a person with a disability is approved for SSDI, that person will be automatically enrolled into Medicaid. (This does not affect eligibility for Medicaid expansion.) Along with the streamlined eligibility process, the income standard is increasing from 64% of the Federal Poverty Income Guideline (FPIG) to 75% FPIG and the resource limit will increase from $1,500 to $2,000. These changes will not happen immediately, but they must happen before July 1, 2016. DRO is monitoring the impact of this change on Medicaid Buy-In for Workers with Disabilities and other programs unique to people with disabilities.

Elimination of Medicaid spend-down: The budget requires the elimination of the Medicaid spend-down program by July 1, 2016. People who live in institutions or on Home and Community Based Services (HCBS) waivers will continue to receive Medicaid but may have to take additional steps if they have an income that is above the Medicaid limit. Individuals with Serious Mental Illness (SMI) will still be eligible for HCBS services under a new Medicaid program designed for individuals with SMI with incomes between 100-138% FPIG. Ohio’s Department of Medicaid will provide more information about these changes as the requirements change.

There is an exception to the Medicaid spend-down removal for people who are participating in the Children with Medical Handicaps Program and who have cystic fibrosis. Those people can remain in the Medicaid spend-down program.

Mental Health Services and Supports

Access to appropriate mental health services and supports: Overall the budget does not provide significant additional funding to support direct mental health services. However, it does allow for a small increase in funding for the Residential State Supplement (RSS) program and continues support for the Recovery Requires a Community Program. It also authorizes the Department of Mental Health and Addiction Services to stop new admissions, deny licenses or revoke licenses of any facilities that don’t comply with its rules. The budget also increases funding for recovery housing and increases funding for state psychiatric hospitals by $10 million.
Mental health services: New reimbursable services will be developed within the Department of Medicaid for people with “high-intensity service need” for mental health diagnoses, including adding assertive community treatment, intensive home-based treatment, wrap-around services, peer services, supportive employment, and substance abuse disorder residential services. The services currently offered under Community Psychiatric Supportive Treatment (CPST) will be unbundled and no longer recognized as a single benefit; however, the parts of that treatment will still be available as separate benefits. DRO is monitoring the CPST unbundling process for any negative impact it may have on our clients and people with disabilities, particularly children.

Behavioral Health/Managed Care transition: Behavioral health services will be transitioned into Medicaid Managed Care by January 1, 2018. A legislative oversight committee will be monitoring this transition and ensuring that the transition timeline, access to care, provider networks and payment levels of the plans are all appropriate.

Adult abuse and neglect
Improvements to the Adult Protective Services (APS) system: The budget includes requirements to create a statewide APS information system, special teams for APS investigations and better APS referral policies. However, the budget does not provide significant new funding to support the APS system.

Health Care
Continued Medicaid expansion: Medicaid expansion, which has allowed more than 530,000 additional Ohioans to be eligible for Medicaid, will continue. However, the budget also requires the State of Ohio to seek a waiver from the federal government to authorize some controversial items, such as co-pays, monthly premiums, and the use of Health Savings Accounts. Disability Rights Ohio will be monitoring the waiver application process and how any changes to the Medicaid program would affect people with disabilities. The Medicaid Buy-In for Workers with Disabilities program was not directly changed by the budget bill.

Education
Public education funding: The Ohio Department of Education’s core funding formula and many special education programs did not change much in the budget. However, overall funding for the department has decreased due to the phase out of some tax revenue. Due to the complexity of the education funding formula, it is not yet clear how the budget’s funding changes may impact funding for special education and services for students with disabilities.

Employment
Vocational rehabilitation services: The budget bill did not make any significant policy changes to Opportunities for Ohioans with Disabilities (OOD), the state agency
responsible for vocational rehabilitation (VR) services in Ohio. OOD testified that they have sufficient state funding to receive the full federal match, thanks to new funds provided through other state agencies. These new funds will be used to hire more staff, who will offer transition services for students and youth with disabilities.

**Things that DID NOT end up in the budget:**

During the budget process, you may have heard about some controversial items that were considered and talked about by policymakers. Here are some of these provisions that were removed:

- The Governor eliminated a part of the bill that created a special commission that would review whether any Developmental Centers (DCs) for people with developmental disabilities could be closed;
- The changes to the DD Bill of Rights for people with intellectual and developmental disabilities were removed from the budget;
- The Governor eliminated a part of the bill that would have required a formal public hearing and certification by county officials before any recovery housing for people needing mental health or addiction services were established; and
- At one point the budget included language changing school zero-tolerance disciplinary policies to be fairer to students with minor disciplinary issues (like truancy or disobedience). This part of the bill was removed before it was enacted, and zero-tolerance requirements will not change. DRO will continue to monitor this policy initiative and advocate on behalf of students with disabilities.

**State Rehabilitation Council:** Though it was not a part of the budget process, DRO is working with other advocates to encourage OOD to create a State Rehabilitation Council (SRC). This newly established entity would partner with the OOD Commission and OOD administrative staff to direct and lead the agency’s work. An SRC would allow for more participation and greater representation of the disability community’s interests. OOD’s Director Miller has indicated an interest in discussing the creation of an SRC. However, no changes have been announced yet.

For more information on the changes in the state budget bill or any other policy developments, contact DRO’s intake line at 800-282-9181, option 2.