



American Rescue Plan Act

Home and Community Based Services Spending Narrative and Projection

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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.

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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)	All Funds
1. Provider Workforce Relief - Maintain (Calc. 10% Rev.) Actuals	\$144,000,000	24%	\$519,000,000	48%
2. Technology Enhancement	\$27,500,000	5%	\$55,000,000	5%
3. Workforce Support - Sustain and Expand	\$221,000,000	36%	\$230,000,000	21%
4. Other Program and System Enhancements	\$213,000,000	35%	\$271,000,000	25%

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	\$519,000,000	\$144,000,000
Subtotal Provider Relief	\$519,00,000	\$144,000,000
2. Workforce Support - Sustain and Expand		
HCBS Workforce Development Strategic Fund	\$212,000,000	\$212,000,000
System Supports for HCBS Workforce	\$18,000,000	\$9,000,000
Subtotal Workforce Support	\$230,000,000	\$221,000,000
3. Technology Enhancement		
Improvements in Information Technology and Program Infrastructure	\$20,000,000	\$10,000,000
Using Telehealth and Technology to Support Individuals in the Community	\$15,000,000	\$7,500,000
Developmental Disability Technology Advancements	\$20,000,000	\$10,000,000
Subtotal Technology Enhancement	\$55,000,000	\$27,500,000
4. Other Program and System Enhancements		
Address Gaps in Services	\$27,500,000	\$13,750,000
PACE Expansion	\$50,000,000	\$50,000,000
Supports for Individuals Receiving Services and Informal Caregivers	\$63,000,000	\$56,500,000
Eliminating Disparities and Addressing Social Determinants of Health	\$20,000,000	\$10,000,000
Multi-System Youth	\$33,500,000	\$11,725,000
Developmental Disability Enhancements	\$15,500,000	\$7,750,000
Unencumbered Funds	\$65,000,000	\$65,000,000
Subtotal Other Programs and Enhancements	\$271,000,000	\$213,000,000
Grand Total	\$1,075,000,000	\$605,500,000

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	
\$519M Total Investment	\$144M 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**

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	No	Yes	No	No	\$39.0 million all-funds

		enhanced community living, waiver nursing service, out-of-home respite, home care 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	Non-Institutional (Community) Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers, Hospice	Yes, Disaster Relief SPA for FFS components	No	YES for managed care and MyCare	No	\$70.0 million all-funds

	period 7/1/2020 through 6/30/2021	provider services, State Plan Home Health providers of State Plan Home Health Physical Therapy, State Plan Home Health Occupational Therapy, State Plan Home Health Aide, State Plan Home Health Nursing, Private Duty Nursing and RN Assessment services			components		
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	Yes, Disaster Relief SPA for FFS components	No	Yes for managed care and MyCare components	No	\$31.7 million all-funds

		operating within a community MH or SUD treatment provider are excluded.					
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							\$519,000,000

Workforce Support – Sustain and Expand

(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

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	February 2023
Beginning Distribution of funds for Providers	March 2023
Launch Technical Assistance Center	March 2023

(The following workforce proposals are placeholders. The state has not yet requested and has not received CMS approval.)

HCBS Workforce Development Strategic Fund	
\$212M Total Investment	\$212M HCBS Allocation
<ul style="list-style-type: none"> ▪ Coordinate multi-agency campaign and coordination of initiatives. ▪ Develop a program for scholarships and paid internship funds to colleges and universities. The state would make available funds to colleges/universities that would then offer scholarships to the individual students. We could target the scholarships and/or tailor amounts and guidelines to the specific year the student is in their education for both undergraduate and graduate degrees. (OhioMHAS – in progress for behavioral health related careers) ▪ Fund short-term internship investment opportunity, administered by the community behavioral health (BH) provider providing the internship opportunity, that also has a commitment component by the individual benefiting from the internship opportunity. ▪ Expand residency training and fellowship programs for advance practice registered nurses, physician assistants, and physicians dedicated to serving the behavioral health, geriatric, and developmentally disabled community. ▪ Provide funding to support public colleges and universities that develop or increase capacity in distance learning opportunities and/or additional degree programs that lead to credentialed or licensed behavioral health careers. ▪ Campaign to promote career pathways awareness training programs for school guidance counselors, academic advisors in colleges and universities, and employment counselors. ▪ Establish a fund to provide transportation support for HCBS workers as one of the many barriers to recruiting and retaining home health aides is access to reliable and affordable transportation. ▪ Identify ways to better recruit and retain workers in the developmental disability (DD) system by using a Workforce Crisis Task Force (WCTF). The Ohio Department of Disabilities (DODD) created WCTF in response to this existential threat to DD services. DODD will allocate ARPA funds to support initiatives identified by the WCTF. 	

System Supports for HCBS Workforce

\$18M
Total Investment

\$9M
HCBS Allocation

- Create a center of excellence partnership (with sister-state agencies) to implement, train, and evaluate best practices for HCBS case managers and providers across programs.
- Expand the virtual reality training project to develop and make public more training scenarios and make more headsets available for direct service providers (DSPs) to experience the training.
- Fund a Direct Service Provider (DSP) connector. DSPs have needs that have to be met outside of what is normally included in their job duties or the human resource (HR) practices of their employers. DSP Support Connectors will support accessing needs that include childcare, transportation, public benefits management or application, and medical services.
- Expand Employer Resource Networks (ERNs) to reduce turnover and increase retention of the DSP position in Ohio.
- Offer online training resources and live help sessions for HR directors and managers of provider agencies.
- Fund new technology options to providers to support DSPs in micro-learning applications.

Technology Enhancements (The following proposals are placeholders. The state has not yet requested and 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	
\$20M Total Investment	\$10M HCBS Allocation
<ul style="list-style-type: none">▪ Develop an “aggregator” to hold service plan information across all long-term services and supports (LTSS) programs.▪ Improve/enhance system integration and cross-system data integration efforts for LTSS and Front Door Policy.▪ Strengthen assessment practices for level of care (LOC) and specialized recovery services (SRS) program.▪ Enhance technology to improve program infrastructure for SRS (e.g., quality improvement activities).▪ Develop/expand cross-system data communication to develop person-centered data communication system.▪ 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.	

Using Telehealth and Technology to Support Individuals in the Community

\$15M
Total Investment

\$7.5M
HCBS Allocation

- Expand health information exchange (HIE) use and capacity. ODM proposes to provide technology enhancements to support care coordination and utilization management.
- Expand use of technology and telehealth with new/expanded SRS service.
- Expand use of technology and telehealth with expanded nursing facility (NF) -based HCBS waiver service.
- Implement school-based health care telehealth supports.

Developmental Disability System Technology Supports

\$20M
Total Investment

\$10M
HCBS Allocation

- 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.

Program and System Enhancements (The following proposals are placeholders. The state has not yet requested and has not received CMS approval.)

These proposals aim to drive system reform and will enhance and strengthen HCBS through various measures – all aimed at providing more access to HCBS care in the community and providing for a more user-friendly experience for enrollees and their families as they navigate the complex system.

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

Address Gaps in Services	
\$27.5M Total Investment	\$13.75M HCBS Allocation
<ul style="list-style-type: none"> ▪ Increase access to self-direction in all HCBS waivers, with particular attention to expanding informal supports, family caregivers, and other workforce- oriented strategies. ▪ Sponsor a survey and enforcement initiative to improve quality of life for persons served in the aging system. ▪ Add a personal care service to the ODM state plan benefit. ▪ Support development of a full behavioral health crisis continuum. ▪ Improve access to HCBS by developing the Golden Buckeye Connector, a digital bridge to all things useful including a consumer-driven mobile application that connects consumers, care managers, and service providers. ODA and ODM will develop and carry out a marketing strategy to inform the community, providers, stakeholders where to visit (website, 800 #, text, OBLTSS agencies). ▪ Explore potential new or enhanced behavioral health services. Engage a third party to conduct a review of BH services to determine any service gaps or needs not met fully by the current service array. ▪ Employ consultants to engage a robust discussion with stakeholders regarding considerations for the future of MyCare. 	

Program of All-Inclusive Care for the Elderly (PACE) Expansion

\$50M
Total Investment

\$50M
HCBS Allocation

- ODA, as the PACE state operating agency, would fund start-up costs, initial incentive payments, and grant funding to support the statewide development and implementation of three new PACE sites. At least one PACE site would be developed in a rural area of Ohio.

Supports for Individuals & Informal Caregivers

\$13M
Total Investment

\$6.5M
HCBS Allocation

- ODM will provide funding to embed options counselors into hospital discharge programs to help educate individuals and facilitate community integration to ensure that individuals with SMI and/or DD are in the most appropriate setting of their choice.
- ODA will support statewide expansion of a local pilot program providing age-friendly phone-based technology to directly connect authorized participants with authorized care workers.
- DODD and ODA will support an initiative to offer intensive, short-term skill-building sessions for people with disabilities and the aging population to get a true experience of independent living.
- ODA will establish The Caregiver Center to provide evidence-based research training to caregivers and serve as a central hub of knowledge to drive public policy and optimize health and well-being for family caregivers and their care recipients across Ohio.
- ODA will use one-time funds to support strategies to expand current adult day services settings to or develop new capacity as these services are a significant need for Ohio's elderly citizens.
- DODD will create a platform to connect families to people willing to provide personal care needs in the community. People willing to provide these services submit background checks, rates, any relevant credentials or training, and a profile to be loaded on an online platform. Families would be given quarterly funds loaded as credits on the online platform where they can interview and choose the worker best suited for their

loved one. Once a match is made, scheduled, and completed, the credits assigned are converted to payment for the service.

Eliminating Disparities and Addressing Social Determinants of Health

\$20M
Total Investment

\$10M
HCBS Allocation

- Develop a new Medicaid service providing housing navigation supports to reduce and prevent evictions. Stable and safe housing is essential for the health and wellness of individuals.
- Distribute enhanced payments to Ohio Medicaid’s Comprehensive Primary Care (CPC) providers that work in the areas of the state that have the lowest opportunity and highest social vulnerability, as measured by the Ohio Opportunity Index (OOI). Enhanced payment will help these providers engage in reducing health disparities and improve access to primary care and preventive services for Medicaid beneficiaries in their communities. Practices will be directed to use these funds to enhance primary care medical home services to support beneficiaries to address health disparities, including COVID-19-specific responses such as COVID-19 vaccination outreach.
- Enhance care coordination for those with complex behavioral health needs.
- Extend use of MyCare waiver screening tool to Ohio Home Care.

Multi-System Youth in the DD System

\$33.5M
Total Investment

\$11.73M
HCBS Allocation

- DODD will create additional Home and Community Based Services by creating additional opportunities for multi-system youth for children with significant behavioral issues who are also served by county boards. This proposal expands and enhances services to youth with developmental disabilities and severe behavioral disorders in Ohio in partnership with DODD in new and creative ways.

Developmental Disability System Enhancements

\$12.5M
Total Investment

\$6.25M
HCBS Allocation

- DODD will contract with expert(s), including oversight of a workgroup with DODD, county board staff, providers, and advocates, to simplify and modernize DODD’s waiver reimbursement system. Consideration will be given to alignment across the waiver/service array administered by ODM, MHAS, and ODA to assure a consumer-oriented priority and prevent dislocation between service systems.
- DODD will expand and accelerate the Employment First efforts in Ohio to better prepare people and employers for the transition away from subminimum wage employment.
- DODD will implement the Adult Day workgroup Blueprint proposal issued May 20, 2021, to provide an enhanced service offering.
- DODD will provide planning grants to support the establishment of an Ohio coalition that will develop action plans for advancing strategies that will ensure self-determination of adults with developmental disabilities through the use of a full range of decisional supports.

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