

LSC Redbook

Analysis of the Executive Budget Proposal

Department of Aging

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READER'S GUIDE

The Legislative Service Commission prepares an analysis of the executive budget proposal for each agency. These analyses are commonly called "Redbooks." This brief introduction is intended to help readers navigate the Redbook for the Ohio Department of Aging (ODA), which includes the following three sections.

1. Overview: Provides a brief description of ODA, highlights of the current biennium, and an overview of the provisions of the executive budget that affect ODA, including major new initiatives.
2. Analysis of Executive Proposal: Provides a detailed analysis of the executive budget recommendations for ODA, including funding for each appropriation line item.
3. Attachments: Includes the Catalog of Budget Line Items (COBLI) for ODA, which briefly describes each line item, and the LSC budget spreadsheet for ODA.

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ATTACHMENTS:

- Catalog of Budget Line Items
- Budget Spreadsheet By Line Item

Department of Aging

- GRF appropriations are flat funded for the biennium
- 84% of ODA's budget is distributed in the form of subsidies

OVERVIEW

Agency Overview

The Ohio Department of Aging (ODA) serves and advocates for the needs of Ohioans age 60 years and older. It provides home and community-based services that help frail individuals remain in their own homes, and supports consumers of long-term care. ODA also seeks to promote positive attitudes toward aging and older people through outreach, volunteer programs, and other efforts.

ODA administers programs such as the PASSPORT Medicaid waiver (Pre-Admission Screening System Providing Options and Resources Today), the Assisted Living Medicaid waiver, the Program for All-Inclusive Care (PACE), Alzheimer's Respite Care, and the Long-Term Care Ombudsman. In addition, ODA administers the federal Older Americans Act funds granted by the U.S. Department of Health and Human Services, Administration on Aging.

Most state and federal aging programs in Ohio are administered at the local level by 12 Area Agencies on Aging (AAAs).¹ They also distribute federal, state, and, in some cases, local funds. AAAs are the primary vehicles for organizing and coordinating community-based services for older adults. The services include assistance in accessing services, linking to community-based services, and providing case management and administration for in-home services. AAAs generally do not directly provide in-home and community-based services. Instead, they assess prospective consumers' needs, provide case management, and make referrals to public and private agencies that provide the services.

Table 1 below shows ODA staffing levels for FY 2015 through FY 2017. ODA currently has 94 employee positions. Of this number, 83 are full-time employees, two are intermittent, two are temporary, and two are part-time employees. There are currently five full-time positions that are vacant, but that ODA anticipates filling by the end of the biennium. ODA anticipates maintaining these levels throughout the FY 2016-FY 2017 biennium. This table does not include board members of the Board of Executives of Long-Term Services and Supports.

¹ Each of the 12 AAAs, along with one nonprofit agency, act as PASSPORT Administrative Agencies to administer the PASSPORT Program.

Table 1. Department of Aging Staffing Levels			
Division	FY 2015	FY 2016 Estimated	FY 2017 Estimated
Executive	10	10	10
Fiscal	16	16	16
Communications and Government Outreach	6	6	6
Human Resources	3	3	3
Information Services	14	14	14
Elder Rights	8	8	8
Division for Community Living	20	20	20
Performance Center	3	3	3
Elder Connections Division	8	8	8
Board of Executives of Long-Term Services and Supports	6	6	6
TOTAL	94	94	94

Appropriation Overview

As can be seen in Table 2 below, the executive recommended total funding of approximately \$90.1 million in FY 2016 and in FY 2017, an increase of 0.2% over FY 2015 estimated expenditures of \$89.9 million. Under the executive recommendations, GRF and federal appropriations are flat funded during the biennium. Dedicated purpose fund appropriations increase by 4.4% over FY 2015 estimated expenditures. This is due to an increase of 33.3% in line item 490627, Board of Executives of LTSS (Fund 5MT0) – the appropriation increases from \$600,000 in FY 2015 to \$800,000 in each fiscal year. This increase will be used to develop and conduct, or to contract with another entity to develop and conduct, opportunities for education, training, and credentialing of nursing home administrators, those interested in becoming licensed as such, and those in leadership positions in settings that provide long-term services and supports.

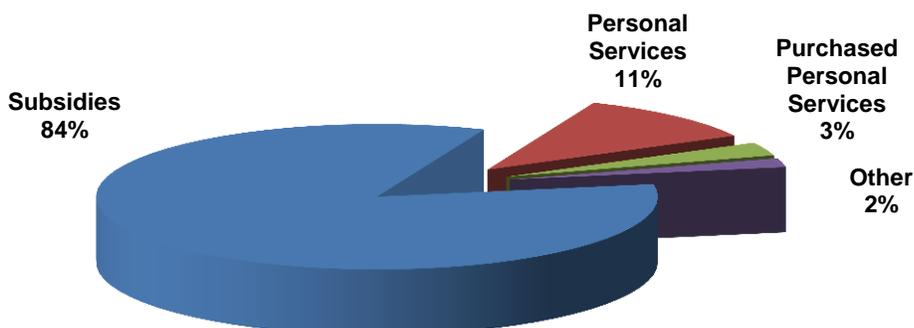
Table 2. Executive Budget Recommendations by Fund Group					
Fund Group	FY 2015*	FY 2016	% Change	FY 2017	% Change
General Revenue	\$14,647,425	\$14,647,425	0.0%	\$14,647,425	0.0%
Dedicated Purpose	\$4,561,623	\$4,761,623	4.4%	\$4,761,623	0.0%
Federal	\$70,740,137	\$70,740,137	0.0%	\$70,740,137	0.0%
TOTAL	\$89,949,185	\$90,149,185	0.2%	\$90,149,185	0.0%

*FY 2015 figures represent estimated expenditures.

Chart 1 below shows the executive budget recommendations for the FY 2016-FY 2017 biennium by expense category. The largest expense category for ODA is subsidies. As seen from the chart below, 84% of the executive budget

recommendations for the biennium are for subsidies, 11% is for personal services, 3% is for purchased personal services, and the remaining 2% is for other expenses. The other expenses category encompasses supplies and maintenance, equipment, and transfers.

**Chart 1: Executive Budget Recommendations
by Expense Category, FY 2016-FY 2017**



FY 2016-FY 2017 Biennium Budget Highlights

Assistive Personnel

H.B. 64, As Introduced, grants certified assistive personnel who provide services to individuals enrolled in certain Medicaid programs administered by ODA or ODM the authority to administer prescribed medications, perform specified health-related activities, and perform tube feedings. Additionally, the bill requires ODA and ODM to do the following:

- Investigate complaints regarding the performance of those activities by assistive personnel;
- Develop courses that train the assistive personnel to engage in those activities and that train registered nurses to provide the training courses to the personnel;
- Certify personnel and registered nurses who successfully complete the applicable training and satisfy other requirements; and
- Establish and maintain a registry of all personnel and registered nurses who have been certified.

In addition, ODA and ODM, along with the departments of Health and Developmental Disabilities, are permitted to enter into an interagency agreement to establish a unified system of training and certifying assistive personnel and registered nurses.

According to the Office of Health Transformation, ODA and ODM will be working with the Ohio Department of Developmental Disabilities to develop this program.

Home and Community-Based Services Transition Plan

On March 17, 2014, new mandates regarding home and community-based services waivers became effective. The Centers for Medicare and Medicaid Services (CMS) stated that these new rules enhance quality, provide additional protections to participants, and allow participants to have greater access to the community. States must submit transition plans by March 17, 2015 and must be compliant with the new requirements by March 17, 2019. Ohio's draft transition was released on December 15, 2014 and outlined the steps that will be taken to comply with federal regulations in each of Ohio's nine Medicaid waiver programs. Public comments were accepted, and public hearings were held, in January 2015. The work to make these waiver programs compliant will extend into the FY 2016-FY 2017 biennium.

ODA Long-Term Care Program Overview

Long-Term Care and Assessments

PASSPORT Administrative Agencies (PAAs) provide long-term care consultations to assist individuals and family members in assessing their long-term care needs and to alert them to factors to consider when making long-term care decisions. These consultations are provided to anyone requesting them – there are no eligibility requirements. In addition, PAAs also perform pre-admission screen and resident reviews (PASRR), level of care (LOC) determinations, and assessments for individuals that are entering nursing facilities. Federal mandates actually require any individual who enters a Medicaid certified nursing facility to undergo a PASRR to ensure that a nursing facility is the most appropriate setting. Individuals who have serious mental illness or developmental disabilities are referred to the appropriate entity such as the Ohio Department of Mental Health and Addiction Services or the Ohio Department of Developmental Disabilities. In turn, these entities or their designee, will determine whether nursing facility placement is appropriate for that individual.

In addition, an individual who seeks Medicaid reimbursement for nursing facility care must receive an LOC determination to ensure medical necessity. An LOC is used to approve enrollment on a Medicaid waiver or authorize Medicaid payment to a nursing facility. A person who wants to be enrolled on a Medicaid waiver must meet the specific level of care that is required for that waiver. ODM has delegated PASRR and LOC responsibilities to ODA and PAAs.

Level of Care for Long-Term Care

All individuals interested in enrolling onto a waiver program must meet and exceed the requirements of a protective level of care, which includes a need for assistance with instrumental activities of daily living (IADLs) and/or supervision of one activity of daily living (ADL) or medication administration. There are two levels of care – intermediate care facility for individuals with intellectual disabilities (ICF/IID) and nursing facility based. The LOC associated with ODA's waivers is the nursing facility level of care. Nursing facility LOC provides services as an alternative to nursing facilities, hospitals, or rehabilitation facilities and includes an intermediate and skilled level of care. Intermediate level of care includes those who have a need for assistance with activities of daily living, medication administration, and/or a need for at least one skilled nursing or skilled rehabilitation service. Skilled level of care indicates a higher level of need than the intermediate and ICF/IID levels of care and includes a presence of an unstable medical condition and a need for a specific amount of skilled nursing or skilled rehabilitation services.

ODA long-Term Care Expenditures and Caseloads

The long-term care programs administered by ODA are PASSPORT, Assisted Living, and PACE. However, funding for these programs, for everything except ODA's administrative costs, is provided for in the Ohio Department of Medicaid's (ODM) budget. PASSPORT and Assisted Living are Medicaid waiver programs, which means that states receive approval from CMS to waive certain Medicaid requirements when providing program services. Federal Medicaid law requires certain mandatory services be provided to individuals who qualify for a state's Medicaid program. A state may also offer optional services to its Medicaid population. Medicaid services are considered entitlements, which means the services must be available to any person who meets medical or financial eligibility standards. On the other hand, Medicaid waiver programs are not entitlement programs and there are cost limits. PACE is not a waiver program, but an optional benefit provided under Medicaid.

PASSPORT and Assisted Living have been impacted by the implementation of the Integrated Care Delivery System, which is known as "MyCare Ohio" (please refer to page 8 for more details on this program). Many individuals in these two programs have been transitioned onto MyCare Ohio. In fact, between April 2014 and January 2015, 20,827 individuals have been transitioned onto MyCare. Of these 18,639 were originally on PASSPORT and 2,188 were on Assisted Living. Thus, caseloads, and expenditures, for these programs have decreased from FY 2014 to FY 2015. The table below shows the total expenditures by program for FY 2014, the estimated expenditure for FY 2015, and the estimated appropriations for FY 2016 and FY 2017. The table also shows the state and federal share of these costs. Typically the federal government pays approximately 63% for actual services and 50% for administration. The state pays the remaining

amount. As stated above, funds for all but ODA's administration expenses are in ODM's budget.

Table 3. ODA Long-Term Care Program Total Expenditures and Appropriations				
Program	FY 2014	FY 2015*	FY 2016**	FY 2017**
PASSPORT TOTAL	\$461,781,916	\$306,656,330	\$319,834,248	\$344,936,364
<i>State share</i>	\$180,731,694	\$122,921,433	\$127,930,968	\$138,017,041
<i>Federal share</i>	\$281,050,222	\$183,734,897	\$191,903,280	\$206,919,323
Assisted Living TOTAL	\$81,128,149	\$56,169,628	\$62,132,859	\$67,455,424
<i>State share</i>	\$30,738,195	\$21,506,895	\$23,894,127	\$26,003,221
<i>Federal share</i>	\$50,389,954	\$34,662,733	\$38,238,732	\$41,452,203
PACE TOTAL	\$23,101,316	\$11,967,999	\$13,835,321	\$16,364,519
<i>State share</i>	\$8,547,487	\$4,459,875	\$5,186,862	\$6,156,332
<i>Federal share</i>	\$14,553,829	\$7,508,124	\$8,648,459	\$10,208,187
TOTAL	\$566,011,381	\$374,793,957	\$395,802,428	\$428,756,307

*FY 2015 represents an estimated expenditure.

**FY 2016 and FY 2017 are estimated appropriations.

The table below shows the average caseload for FY 2014 by program, as well as the anticipated average caseload for FY 2015, FY 2016, and FY 2017. In FY 2014, the programs served an average of 36,781 individuals.

Table 4: ODA Average Caseload by Long-Term Care Program				
	FY 2014	FY 2015*	FY 2016*	FY 2017*
PASSPORT	32,095	19,552	21,535	23,439
Assisted Living	3,969	2,556	2,806	3,063
PACE	717	401	460	544
TOTAL	36,781	22,509	24,801	27,046

*FY 2015, FY 2016, and FY 2017 are estimated caseloads.

A brief discussion of each of ODA's long-term care programs is provided below.

Program Descriptions

PASSPORT

The PASSPORT Program is a home and community-based Medicaid waiver that enables older individuals to stay at home by providing them with in-home, long-term care services. To be eligible for the program, the person must be over age 60 and meet Medicaid eligibility for nursing facility care and the services provided cannot exceed 60% of the cost of nursing facility care.² In addition, the person must be frail enough to require

² ODM is in the process of changing administrative rules to modify this cost limit to \$14,700 per month, which is the same limit as the Transitions Carve Out Waiver.

a nursing facility level of care and have a physician's consent that the person is able to safely remain at home. Services covered on the PASSPORT waiver are as follows: adult day; alternative meal; choices home care attendant; chore; community transition; emergency response system; enhanced community living; homemaker; home care attendant; home delivered meal; home medical equipment and supplies; independent living assistance; minor home modification, maintenance, and repair; nonmedical transportation; nutrition consultation; out-of-home respite; personal care; pest control; social work counseling; transportation; and waiver nursing. Waiver nursing, home care attendant, and out-of-home respite services just began being covered in FY 2015. Individuals also receive a Medicaid card that provides for hospitalization, physician care, etc.

In FY 2014, PASSPORT served an average of 32,095 consumers per month. In FY 2015, this number is expected to decrease to an estimated 19,552 consumers per month. This is largely due to the transition of certain eligible consumers onto the MyCare Ohio Program. The average per member per month (PMPM) expense for PASSPORT consumers in FY 2014 was \$1,002 for waiver services and \$116 for case management services.

Assisted Living

The Assisted Living Program began operations on July 1, 2006. The waiver program provides a setting that gives the person a home-like environment in a community living setting. Assisted Living is geared to those individuals who need extra help or supervision in their day-to-day lives but who do not require the 24-hour care provided in a nursing facility. To be eligible for the program, a person must be age 21 or older, meet the nursing facility level of care, be able to pay room and board, and meet the financial criteria for Medicaid eligibility. Assisted living services promote aging in place by supporting a consumer's independence, choice, and privacy through the provision of one or more components of the service. Examples of assisted living services are: personal care, supportive service, on-duty response, housekeeping, laundry, assistance with medication, meals, nonmedical transportation, etc. Additionally, the program also provides community transition services, such as basic household items and moving expenses, to help consumers move from an institutional setting into an assisted living facility.

In FY 2014, Assisted Living served an average of 3,969 consumers per month. In FY 2015, this number is expected to decrease to an estimated 2,556 consumers per month. This is largely due to the transition of certain eligible consumers onto the MyCare Ohio Program. The average PMPM expense for Assisted Living consumers in FY 2014 was \$1,587 for waiver services and \$80.48 for case management services.

State -Funded Components of PASSPORT and Assisted Living

In addition to the PASSPORT and Assisted Living components listed above, ODA also administers state-funded components of these programs. These programs are for individuals that meet nonfinancial criteria and are in the process of determining financial criteria. These components are intended to accelerate enrollment onto waiver programs in order to reduce the risk of placement into an institutional setting. Currently, enrollment is limited to 90 days. However, H.B. 64, As Introduced, changes this time period from 90 days to a period specified in rules. This may allow individuals to stay on the state-funded components for a longer period of time while establishing financial eligibility.

PACE

PACE provides home and community-based care, thereby allowing seniors to live in the community. PACE is a managed care program. The PACE sites provide participants with all of their needed health care, medical care, and ancillary services at a capitated rate. All PACE participants must be 55 years of age or older and qualify for a nursing facility level of care. The program is authorized through the Medicaid state plan and operated under an agreement with CMS. There is currently one PACE site – McGregor PACE, which is located in Cleveland. Prior to August 2014, there were two PACE sites. The other site was Tri-Health Senior Link, which was located in Cincinnati. The site stopped providing services at the end of August 2014 and consumers were transitioned onto other waiver programs.

The PACE sites assume full financial risk for the care of the participants. In FY 2014, PACE served an average of 717 consumers per month. In FY 2015, that number is anticipated to be 401 due to the elimination of the PACE site in Cincinnati. The monthly capitated rate for the Cleveland facility in FY 2014 and FY 2015 is \$2,394 for dual eligibles (i.e., Medicare and Medicaid) and \$3,553 for individuals enrolled only in Medicaid. The monthly capitated rate for the Cincinnati facility in FY 2014 was \$2,694 for dual eligibles and \$3,769 for Medicaid-only individuals.

FY 2014-FY 2015 Biennium Budget Highlights

MyCare Ohio

In December 2012, ODJFS announced that Ohio had reached an agreement with CMS regarding the creation of an integrated care delivery system – otherwise known as "MyCare Ohio." MyCare Ohio allows care to be coordinated for individuals that are eligible for both Medicare and Medicaid. The goal of the program is to improve access to care and to improve quality of that care, as well as promoting participant independence within the community, eliminating cost shifting between the two programs, and achieving cost savings through care coordination. Services are provided

in the setting of choice and individuals are able to transition to different settings as their needs change.

MyCare Ohio is a three-year demonstration project that covers 29 counties, which are grouped into seven regions. Program enrollment began in the northeast region in May 2014 and continued with the remaining regions in June and July 2014. At least two managed-care organizations in each region are contracting with the state and CMS to administer the program. These organizations must subcontract with AAAs for waiver service coordination for individuals over 60 and may contract with AAAs and other entities for waiver services for those under 60.

Eligible individuals are those that are 18 and older, meet requirements to receive full Medicare Parts A, B, and D and full Medicaid benefits, and live in a participating county. However, there are some individuals excluded from the program such as children, those enrolled in PACE, and those with a developmental disability. Under the program, individuals receive Medicare and Medicaid services at a monthly capitated rate. Individuals enrolled in MyCare had until the end of calendar year 2014 to choose a MyCare Ohio plan for their Medicare benefits. However, while individuals have to receive their Medicaid benefits through MyCare Ohio, individuals have the option of choosing to continue receiving Medicare benefits in the same manner that they currently do.

As of December 31, 2014, over 100,000 individuals were enrolled onto MyCare.

Consumer Direction Services Expanded and Choices Program Ceases Operations

On March 1, 2014, ODA expanded consumer-directed services statewide, which allows individual consumers to recruit, hire, schedule, and if necessary, fire their service providers. Under the consumer-directed services option, each consumer is the "employer of record" and as such, is responsible for the financial aspects of the service, including completing tax forms and payroll duties. However, fiscal agents are available to assist Medicaid consumers with those fiscal services. The cost of fiscal services is about \$110 per month per consumer.

Consumer direction was previously unique to the Choices Medicaid Waiver Program, which was also administered by ODA. The program was very similar to PASSPORT, except it allowed a consumer direction option. The Choices waiver was limited to individuals already enrolled on PASSPORT and was only available in four geographic areas in the state: AAA 6, which covers central Ohio, AAA 7, which covers southern Ohio, AAA 8, which covers southeastern Ohio, and AAA 4, which covers the Toledo area in northwestern Ohio. At the end of December 2013, the Choices caseload was 502.

As part of ODA's expansion efforts, Choices ceased operations on June 30, 2014 and consumer direction is instead offered under the PASSPORT and MyCare Ohio programs. Choices participants were transitioned onto one of these programs.

Balancing Incentive Program

In September 2014, ODM announced that expenditures on home and community-based services (HCBS) for the elderly and disabled now represent 50% of the total Medicaid long-term care budget. This objective was reached one year before the federal deadline required for states participating in the Balancing Incentive Program (BIP). BIP provides grants, in the form of an enhanced federal medical assistance percentage rate, to states to help increase access to HCBS. Ohio is expected to receive a total of \$169 million before the program ends September 30, 2015. These moneys are in ODM's budget.

Participating states are required to meet programmatic and structural reform requirements, including the establishment of a no-wrong door/single entry point system whereby an individual will have access to information about all services available regardless of which agency the individual made initial contact with. BIP also requires conflict free case management services to ensure that an individual's plan of care will be created based on medical necessity and independent from funding availability. Lastly, BIP requires the establishment of core standardized assessment instruments so that eligibility determinations are made in a uniform manner across Ohio.

H.B. 59 of the 130th General Assembly permitted Ohio to join BIP and also required that by June 30, 2015: (1) at least 50% of Medicaid recipients 60 years of age or older who need long-term services and supports utilize noninstitutionally based services and supports and (2) at least 60% of Medicaid recipients under age 60 who need long-term services and supports utilize noninstitutional services and supports.

PASSPORT and Assisted Living Rates

H.B. 59 of the 130th General Assembly increased the rate paid for PASSPORT adult day services by 20%. This rate increase brought the rate to \$49.47 for an enhanced full day and \$64.94 for an intensive full day, which is the same rate provided under the Ohio Home Care Waiver. ODA anticipated this provision to cost \$2.7 million (\$975,000 state share) in FY 2014 and in FY 2015; actual costs for FY 2014 were \$3.3 million. In addition, H.B. 59 specified that the payment rate for other PASSPORT services are to be no less than 98.5% of the rate paid on June 30, 2011.³ ODA anticipated this rate

³ In the FY 2012-FY 2013 biennium, provider rates were reduced by 3% except for emergency response services, which were decreased, depending on the billable rate, by up to 10%.

modification to cost \$7.2 million in each fiscal year (\$2.7 million state share); actual costs in FY 2014 were \$5.9 million.

Assisted Living rates were also increased for the FY 2014-FY 2015 biennium. The rates increased by 3% – \$49.93 for the first tier, \$59.95 for the second, and \$69.96 for the third tier.⁴ ODA anticipated this provision to cost \$2.5 million (\$920,000 state share) in FY 2014 and \$2.9 million (\$1.1 million state share) in FY 2015; actual costs in FY 2014 were \$2.4 million. The Assisted Living tiers correspond with the level of services an individual requires. The vast majority of Assisted Living participants are in the third tier.

PASSPORT Administrative Agencies Site Operating Costs

H.B. 59 of the 130th General Assembly specified that spending for PASSPORT Administrative Agencies' site operating functions relating to screening assessments, general administrative, and provider relations for PASSPORT, Choices, Assisted Living, and PACE are to be 105% of the level provided in FY 2013.⁵ According to ODA, the cost associated with this increase was estimated to be \$1.8 million (\$900,000 state share) in each fiscal year.

Three New Services Available under PASSPORT

On July 1, 2104, three new services were available to PASSPORT consumers. The services added were the following:

- Waiver nursing – a service provided to those that require the skills of a registered nurse or licensed practical nurse at the direction of a registered nurse;
- Home care attendant – a service provided by an unlicensed nonagency provider that includes tasks that would otherwise be performed by a nurse such as assistance with self-administration of medications, with the performance of nursing tasks, and personal care aide tasks;
- Out-of-home respite – a service delivered to an out-of-home setting in order to allow respite for caregivers. The provider must make waiver nursing and, personal care aide services and three meals a day available to the consumer. An overnight stay must also be included.

⁴ This provision was not in the budget (H.B. 59 of the 130th General Assembly), it was done administratively.

⁵ In the FY 2012-FY 2013 biennium, administrative rates for screening, assessment, general administration, and provider relations were reduced by 5% in FY 2012 from FY 2011 levels and were reduced by an additional 5% in FY 2013.

ODA anticipated the waiver nursing services cost to be \$1.0 million in FY 2015. However, as of the writing of this publication, no consumers have utilized this service. As individuals are transitioned onto PASSPORT from the Transitions Carve-Out Waiver, beginning in February 2015, ODA anticipates the service will begin to be utilized. There should be no additional costs related to the other two services.

Transitions Carve-Out Waiver

ODM announced that the Transitions Carve-Out Waiver will be phased out by June 30, 2015.⁶ This is being done to improve access to, and efficiencies in, the state's home and community based waivers. Individuals currently enrolled in Transitions will instead be enrolled onto PASSPORT starting in February 2015. There are approximately 1,300 individuals currently enrolled on Transitions. Individuals will maintain current service packages and will also be offered consumer direction services, which are currently offered as part of the PASSPORT Program.

The Transitions Carve-Out Waiver is currently open to individuals age 60 and older who are aging out of the Ohio Home Care Waiver. The Ohio Home Care Waiver offers nursing and personal care services, as well as waiver-specific services. It is open to individuals age 59 and younger who require an intermediate or skilled level of care.

ODM is seeking a change in administrative rules as a result of this transition. Currently, the cost limit for an individual to be eligible for PASSPORT is 60% of the Medicaid cost of providing nursing facility services. The cost limit would instead be changed to \$14,700 per month, the same as under the Transitions Carve-Out Waiver.

Music & Memory

In FY 2015, ODA contracted with Music & Memory, Inc. to provide training to up to 250 nursing homes. Participating facilities will become certified as Music & Memory providers. The program trains nursing home staff and others caring for elders, including family caregivers, to create and provide personalized playlists for individuals residing in nursing homes. The playlists help those with dementia reconnect to the world through music. According to Music & Memory, the "musical favorites tap deep memories not lost to dementia and can bring residents and clients back to life, enabling them to feel like themselves again, to converse, socialize and stay present."⁷ According to ODA, another aim of the project is to help reduce the use of antipsychotic medications for those with dementia since recent research suggests that programs such as this might help to reduce this reliance. The contract was \$150,000 and funds to support it came from line item 490620, Ombudsman Support (Fund 5BA0).

⁶ <http://www.medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/Waivers/crosswalk-final-2015-01.pdf>.

⁷ <http://musicandmemory.org/>.

H.B. 59, of the 130th General Assembly, required, beginning July 1, 2013, nursing homes to participate every two years in at least one of the quality improvement projects made available by ODA under the Nursing Home Quality Initiative. The Music & Memory program will qualify as such a project.

STEADY U Ohio

ODA, with support from the Ohio Department of Health and government and private entities, established a statewide program to reduce falls – STEADY U Ohio. As part of STEADY U Ohio, the evidence-based program "A Matter of Balance" has been implemented in all 88 counties, which is an education and exercise program to help increase elders activity levels and decrease their fear of falls. STEADY U Ohio also, among other things: serves as the central resource for falls-prevention initiatives, developed a toolkit for health care providers to use to assess an individual's fall risk, created fall-free zones whereby businesses are able to identify and address hazards, and targets and educates high-risk populations. According to ODA's website, "falls cost Ohio and its residents approximately \$646.0 million each year in direct medical and work loss costs."

ANALYSIS OF EXECUTIVE PROPOSAL

Introduction

This section provides an analysis of the Governor's recommended funding for each line item in ODA's budget.

Governor's Recommended Amounts for the Department of Aging				
Fund	ALI and Name		FY 2016	FY 2017
General Revenue Fund				
GRF	490321	Operating Expenses	\$1,487,418	\$1,487,418
GRF	490410	Long-Term Care Ombudsman	\$477,448	\$477,448
GRF	490411	Senior Community Services	\$7,060,844	\$7,060,844
GRF	490414	Alzheimer's Respite	\$1,995,245	\$1,995,245
GRF	490506	National Senior Service Corps	\$241,413	\$241,413
GRF	656423	Long-Term Care Program Support – State	\$3,385,057	\$3,385,057
General Revenue Fund Subtotal			\$14,647,425	\$14,647,425
Dedicated Purpose Fund Group				
4800	490606	Senior Community Outreach and Education	\$372,523	\$372,523
4C40	490609	Regional Long-Term Care Ombudsman Program	\$935,000	\$935,000
5BA0	490620	Ombudsman Support	\$1,250,000	\$1,250,000
5K90	490613	Long-Term Care Consumers Guide	\$1,059,400	\$1,059,400
5MT0	490627	Board of Executives of LTSS	\$800,000	\$800,000
5W10	490616	Resident Services Coordinator Program	\$344,700	\$344,700
Dedicated Purpose Fund Group Subtotal			\$4,761,623	\$4,761,623
Federal Fund Group				
3220	490618	Federal Aging Grants	\$8,700,000	\$8,700,000
3C40	656623	Long-Term Care Program Support – Federal	\$3,385,057	\$3,385,057
3M40	490612	Federal Independence Services	\$58,655,080	\$58,655,080
Federal Fund Group Subtotal			\$70,740,137	\$70,740,137
Total Funding: Department of Aging			\$90,149,185	\$90,149,185

Operating Expenses (490321)

This GRF line item supports operating expenses for ODA.

The executive flat funds the line item at FY 2015 levels with a recommendation of \$1,487,418 in each fiscal year. According to ODA, the funding provided will maintain current service levels.

Ombudsman Activities (490410, 490609, and 490620)

The following line items provide funding for ombudsman activities and also are used to provide ombudsman program activities to consumers participating in MyCare Ohio.

GRF line item 490410, Long-Term Care Ombudsman, provides funding to support the investigation of complaints against providers of long-term care services for the elderly. The executive flat funds the line item at FY 2015 levels with a recommendation of \$477,448 in each fiscal year.

Line item 490609, Regional Long-Term Care Ombudsman Program, pays operating costs of the regional programs. Revenue from the \$6 bed fee charged to nursing homes, residential care facilities, and homes for the aging are deposited into Fund 4C40, Long-Term Care Ombudsman Program, and used to fund spending from the line item. The executive flat funds the line item at FY 2015 levels, with a recommendation of \$935,000 in each fiscal year.

Line item 490620, Ombudsman Support, also helps fund the Office of the State Long-Term Care Ombudsman. The Ombudsman Support Fund (Fund 5BA0) receives cash transfers from Fund 4E30, Resident Protection, which is used by the Ohio Department of Medicaid. The executive flat funds the line item at FY 2015 levels, with a recommendation of \$1.25 million in each fiscal year.

According to ODA the funding provided in these three line items will allow current service levels to be maintained.

H.B. 64, As Introduced, specifies that the line items listed above, as well as federal line items 490612 and 490618, may be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman program activities to consumers participating in MyCare Ohio. These line items are currently allowed to be used for this purpose as a result of H.B. 483 of the 130th General Assembly, so H.B. 64 simply extends this use into the upcoming biennium.

Additionally, H.B. 64, As Introduced, specifies that the State Ombudsman may explore the design of a payment method for the Ombudsman Program that includes a pay-for-performance incentive component that is earned by designated regional long-term care ombudsman programs.

Ombudsman Program Activities

The Ombudsman Program advocates for long-term care consumers who are receiving home and community-based services and residents of nursing homes, residential facilities, and adult care facilities. The Office does this for individuals regardless of age. Ombudsmen also voice consumer needs and concerns to policymakers and providers. They investigate and attempt to resolve consumer complaints about long-term care services. Ombudsmen create a regular presence with

long-term care consumers and providers through many activities such as complaint handling, provider education, regular visitation, and work with resident councils and family councils. The program is run by the State Ombudsman, in collaboration with Ohio's 12 regional programs. The Ombudsman Program is not a regulatory body; instead it relies on education, negotiation, and mediation to resolve problems. The Ombudsman Program does work with regulatory agencies when necessary. In FY 2014, the program served over 137,000 individuals. Additionally, ombudsmen worked on over 6,700 cases. In addition, the program also provided the following number of consultation and educational activities to facilities needing assistance and/or guidance: 2,000 consultation and educational activities to nursing homes, over 200 to residential care facilities, almost 200 to community-based care organizations, and over 50 to adult care facilities. The program also provides information and assistance to long-term care consumers and their families. In FY 2014, the program provided almost 3,400 hours of consultation to consumers regarding general information and information about benefits, rights, and regulations.

In addition to the appropriations described above, the Ombudsman Program receives some funding from federal line item 490618, Federal Aging Grants (Fund 3220), and federal line item 490612, Federal Independence Services (Fund 3M40). Regional ombudsman programs obtain some local funds through sources such as United Way, county levies, etc.

Other Activities Funded with Ombudsman Line Items

Besides providing funds for ombudsman activities the Ombudsman Support Fund (Fund 5BA0) is also used to support a nursing home quality initiative. H.B. 59 of the 130th General Assembly. requires every nursing home to participate in at least one quality improvement project every two years.

Senior Community Services (490411)

This GRF line item is used to provide community-based services to assist seniors to live independently in their own homes and communities as long as possible. These funds are used to provide matching dollars for Older Americans Act Title III Part B (Supportive Services), C (Congregate and Home Delivered Meals), D (Preventive Health), and E (Family Caregivers Support) funds, the Nutrition Services Incentive Program, and also to help satisfy the state's match obligations to draw down various other federal funds. AAAs may prioritize the use of these funds to meet local needs and to fund other initiatives to help older individuals maximize independent living. Additionally, AAAs may use these funds to implement the federal Senior Farmer's Market Nutrition Program discussed in a later section.

The program targets individuals who are frail and impaired and not eligible for Medicaid Waiver programs. ODA estimates that in FY 2015, over 8,000 individuals will receive a variety of in-home services through this line item. According to ODA, 80% of the individuals who receive senior community services have incomes of less than 150% of the federal poverty level. Recipients may contribute, based on a sliding fee scale, to the cost of their services, which include the following:

- Personal care, homemaker, adult day, and chore services;
- Home-delivered and congregate meals;
- Case management and care coordination;
- Transportation;
- Prevention and disease self-management;
- Respite services;
- Information reporting;
- Home maintenance and repair;
- Emergency response systems; and
- Housing coordination services.

The executive flat funds the line item at FY 2015 levels with a recommendation of \$7,060,844 in each fiscal year. According to ODA, "\$800,000 in each fiscal year will be distributed in a manner that ensures a needed increase in resources allocated to prevention and caregiving initiatives, while still maintaining the required match to federal awards."

Alzheimer's Respite (490414)

Appropriations in GRF line item 490414, Alzheimer's Respite, are used to provide respite, support, and education to caregivers of people with Alzheimer's disease or other dementia. These funds are used to provide matching dollars for Older Americans Act Title III Part B (Supportive Services) and E (Family Caregivers Support) funds. In FY 2015, ODA estimated that the program will serve almost 10,000 individuals. The executive flat funds the program at FY 2015 levels with a recommendation of \$1,995,245 in each fiscal year.

According to the Alzheimer's Association, approximately 5.2 million Americans are living with Alzheimer's and every 67 seconds someone in America develops the disease. Caregivers of individuals with Alzheimer's or other dementia provide a great deal of care. In fact, in 2013, over 15.5 million family members and/or friends provided 17.7 billion hours of unpaid care to people diagnosed with Alzheimer's disease or other dementias.

National Senior Service Corps (490506)

This GRF line item provides a state subsidy for senior volunteer programs. The National Senior Service Corps Program, which is under the jurisdiction of the Corporation for National and Community Service, provides volunteer opportunities to older adult volunteers. The National Senior Service Corps Program is made up of the following three subprograms: the Retired Senior Volunteer Program (RSVP), the Foster Grandparent Program, and the Senior Companion Program. Neither ODA nor any AAA involved in the distribution of grant funds is allowed to use any funds for administrative costs. These state funds are used by subgrantees to meet a portion of their federal match requirements. Nearly 9,400 older Ohioans provide services around the state through these programs. During the FY 2014 and FY 2015 biennium the priorities for Senior Corps projects included child literacy and school readiness, falls prevention, transportation, meals on wheels, and youth drug prevention.

The executive flat funds the program at FY 2015 levels with a recommendation of \$241,413 in each fiscal year, which will maintain current service levels. These funds are given out in the form of grants and are also used to provide matching dollars for certain federal grants.

Typically, the breakdown of funding is as follows: 50% is dedicated to the RSVP, 25% to the Foster Grandparent Program, and another 25% to the Senior Companion Program. The funds are allocated to AAAs who then distribute funds to projects in their jurisdictions.

Descriptions for each of the subprograms are provided below.

RSVP

RSVP provides Ohioans age 55 and older with volunteer opportunities in their communities that match their skills and availability. Some volunteer activities include building houses, immunizing children, and protecting the environment. Approximately 7,800 volunteers serve more than 830 organizations throughout Ohio. Volunteers in the program do not receive any compensation.

Foster Grandparent Program

The Foster Grandparent Program connects Ohioans age 55 and older, who have incomes no more than 200% of the federal poverty level, with young people with exceptional needs. Approximately 1,100 volunteers serve more than 4,600 children. Volunteers in the program serve up to 40 hours per week and may receive a small stipend if they meet certain income eligibility levels to offset the cost of volunteering (\$2.65 per hour).

Senior Companion Program

The Senior Companion Program brings together seniors age 60 and older, who have incomes no more than 200% of the federal poverty level, with adults in their community who have difficulty with the tasks of daily living. The volunteers assist with shopping and light chores, interacting with doctors, helping with transportation to appointments, or simply providing friendly interactions. They also offer respite for caregivers. Approximately 550 older adult volunteers help almost 1,000 individuals live independently in their own homes. Volunteers in this program serve up to 40 hours per week and also may receive a small stipend if they meet certain income eligibility levels to offset the cost of volunteering (\$2.65 per hour).

Long-Term Care Administration (656423 and 656623)

GRF line item 656423, Long-Term Care Program Support – State, is used for ODA's administrative expenses associated with operating PASSPORT, Assisted Living, and PACE. The executive flat funds the line item at FY 2015 levels, with a recommendation of \$3,385,057 in each fiscal year.

Appropriations in line item 656623, Long-Term Care Program Support – Federal, are also used for ODA's administrative expenses associated with operating PASSPORT, Assisted Living, and PACE. Federal reimbursement for administering these programs is deposited into the PASSPORT Fund (Fund 3C40). The executive flat funds the line item at FY 2015 levels, with a recommendation of \$3,385,057 in each fiscal year, which will maintain current service levels.

Senior Community Outreach and Education (490606)

This line item supports statewide annual events including Senior Citizens' Day, the Governor's Conference on Aging, Senior Citizens Hall of Fame, and State Fair activities, as well as some efforts to provide training to workers in the field of aging. It is also used for administrative costs, other than payroll and travel, associated with the Board of Executives of Long-Term Services and Supports. Registration fees from special events and fees charged to the Board of Executives of Long-Term Services and Supports for acting as the fiscal agent are deposited into Fund 4800, Senior Citizens Services Special Events.

The executive flat funds the line item at FY 2015 levels, with a recommendation of \$372,523 in each fiscal year.

Long-Term Care Consumers Guide (490613)

This line item is used to publish the web-based Ohio Long-Term Care Consumers Guide. Fund 5K90, Long-Term Care Consumers Guide, consists of fees paid by nursing facilities (\$650 per year) and residential care facilities (\$300 per year).

The goal of the Guide is to provide timely, comparative information about the 625 residential care facilities and 960 nursing homes serving Ohioans. The Guide provides information on each facility's inspection report from the Ohio Department of Health, along with statewide and district averages. The Ohio Department of Mental Health and Addiction Services also provides a monthly list of adult care facilities for display on the site. The Guide also provides consumer satisfaction information, which is based on surveys of families and residents. ODA conducts two surveys in alternate years; one is a Nursing Home Family Satisfaction Survey and the other a Resident Satisfaction Survey that includes information on both nursing facilities and residential care facilities. The Surveys and other information can be viewed at www.ltc.ohio.gov. The consumer satisfaction surveys provide quality incentive measures used by ODM in its quality incentive payment for nursing facilities. Additional information about facility policies, staffing levels, specialization, services, and quality efforts can also be found on the site. There are, on average, 35,000 unique entrances to the site each year.

The executive flat funds the line item at FY 2015 levels with a recommendation of \$1,059,400 in each fiscal year.

H.B. 64, As Introduced, increases the fee charged to long-term care facilities that are residential facilities for the Ohio Long-Term Care Consumer Guide beginning July 1, 2016. The fee is increased from \$300 to \$350 and is expected to increase fee revenues deposited into Fund 5K90 by about \$30,000 in each fiscal year beginning in FY 2017.

Board of Executives of LTSS (490627)

This line item is used for expenses related to the Board of Executives of Long-Term Services and Supports (LTSS), which was transferred to ODA from the Ohio Department of Health (it was named the "Board of Examiners of Nursing Home Administrators" when it was under the Department of Health) at the beginning of FY 2014. The Board, among other things, develops and enforces regulations that prescribe standards which must be met by individuals in order to receive a license as a nursing home administrator, issues licenses and registrations to individuals determined to meet these standards, and investigates complaints. There are approximately 2,100 licensed nursing home administrators and up to 100 administrators-in-training at any given time. In addition, the Board typically issues 150 to 200 new licenses each year. The licenses are issued annually. The Board is supported by these license fee revenues, which are deposited into the Board of Executives of Long-Term Services and Supports

Fund (Fund 5MT0). The license fees are as follows: \$250 for an initial license, \$300 for a renewal license, and \$50 for an administrator-in-training application.

The Board is composed of 11 members appointed by the Governor. The membership is as follows:

- Four members must be nursing home administrators, owners of nursing homes, or officers of corporations owning nursing homes;
- Three members must work in long-term services and supports settings that are not nursing homes and at least one of these three must also be a home health administrator, an owner of a home health agency, or an officer of a home health agency;
- One member must be a member of the academic community;
- One member must be a consumer of services offered in a long-term services and supports setting;
- One member must be a representative of the Department of Health and must be involved in the nursing home survey and certification process; and
- One must be a representative of the Office of the State Long-Term Care Ombudsman.

The members are reimbursed for their actual and necessary expenses. In addition, all members with the exception of the representative of the Department of Health and the State Long-Term Care Ombudsman receive a salary or wage as designated by the Department of Administrative Services. A staff of six oversees everyday operations.

The executive recommends an appropriation of \$800,000 in each fiscal year, an increase of 33.3% over FY 2015 estimated expenditures. This increase will be used to develop and conduct, or to contract with another entity to develop and conduct, opportunities for education, training, and credentialing of nursing home administrators, those interested in becoming licensed as such, and those in leadership positions in settings that provide long-term services and supports, as specified in H.B. 64, As Introduced.

Resident Services Coordinator (490616)

This line item is used to support the Resident Services Coordinator Program. Fund 5W10, Resident Services Coordinator Program, receives a grant each year from the Ohio Housing Trust Fund in the Ohio Development Services Agency to fund the program. ODA awards funds to local subgrantee agencies, which employ, train, monitor, and supervise part-time service coordinators. The coordinators provide information and referrals, not services, to low-income and special-needs tenants, including the elderly, who live in financially assisted rental housing units. Additionally,

the program helps those individuals identify and obtain community services and benefits for which they are eligible.

These funds are also used to provide matching dollars for certain federal grants.

The executive flat funds the line item at FY 2015 levels with a recommendation of \$344,700 in each fiscal year. According to ODA, the funding provided will allow for program activities to be continued at current levels.

Federal Aging Grants (490618)

This line item is used to provide meal reimbursement, senior employment, chronic disease self-management training, home energy assistance through the Home Energy Assistance Program (HEAP), and Alzheimer's training and assistance to those who qualify. In addition, the line item may also be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio.

A variety of federal grants are deposited into the Federal Fund (Fund 3220) and these moneys are used to provide funds for programs such as the Senior Community Service Employment Program and the Senior Farmers' Market Nutrition Program.

The executive flat funds the program at FY 2015 levels with a recommendation of \$8.7 million in each fiscal year.

Three of the programs funded with this line item are discussed in more depth below.

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program is funded with a grant from the U.S. Department of Agriculture though some local funding may also be available. There are no match requirements for the program. The program provides nutrition information and vouchers for locally grown produce to income-eligible adults age 60 and older. In order to be eligible, an individual must reside in a participating area and have a household income that is no more than 185% of the federal poverty level (\$21,590 or less for a household of one person and \$29,101 or less for a household of two persons). The program operates through the growing season each year and eligible individuals receive \$50 worth of coupons that can be used at participating farmers' markets and roadside stands. During FY 2014, the Senior Farmers' Market Nutrition Program provided \$1.5 million in produce to 31,000 older adults through 464 local farmers. Currently, the program is available in 45 counties.

HEAP

The Home Energy Assistance Program (HEAP) provides financial assistance to low-income residents to help meet heating costs. The Ohio Development Services Agency manages HEAP and provides funds each year to ODA for HEAP outreach since

the federal government requires states to give emphasis to older individuals and persons with disabilities. ODA provides outreach grants to local AAAs to distribute applications, assist applicants with the forms, and promote the program.

Senior Community Services Employment

The Senior Community Services Employment Program is a community service and work-based job training program authorized by the Older Americans Act and administered by the U.S. Department of Labor (USDOL). Participants may train in nonprofits, hospitals, schools, day cares, senior centers, and/or other governmental agencies. To be eligible, an individual must be age 55 or older, cannot have an annual income that exceeds 125% of the federal poverty level, and be unemployed. Participants are placed in an assignment for 20 hours per week and are paid local, state, or federal minimum wage, whichever is higher. According to USDOL, enrollment priority is given to veterans and qualified spouses, then to individuals aged over 65 years, have a disability, have low literacy skills, reside in a rural area, are homeless or at risk of homelessness, or have low employment prospects. The program is offered statewide. However, ODA's funding supports participants in only 31 Ohio counties. ODA contracts with one subgrantee to operate the program in those 31 counties. The remaining counties are served by grantees that receive funds directly from the USDOL. The USDOL provides 90% of the funding for the program, the remainder of program funds is provided by the subgrantee.

Federal Independence Services (490612)

This line item provides for social services for older adults, as well as congregate and home-delivered meals and funding for ombudsman activities. In addition, the line item may also be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. Fund 3M40, Federal Supportive Services, consists of Older Americans Act (OAA) Title III Supportive Services, In-Home Services, Preventive Health, Caregiver Support, Elder Abuse Prevention, and Ombudsman Services funds.

The federal OAA funds supportive services (Title III B), congregate and home-delivered meals (Title III C), disease prevention and health promotion (Title III D), and the National Family Caregiver Support Program (Title III E). Some of the services authorized by Title III of the OAA include the following: chore services, counseling, adult day care, home health aide, home maintenance, homemaker, information/referral, legal services, congregate meals, home-delivered meals (Meals on Wheels), outreach, protective services, recreation, respite care, and transportation. The purpose of these funds is to help older adults maintain their physical health and prevent the onset of disabling disease. As a result, these funds are used to support exercise classes, walking programs, and other wellness activities at local senior centers.

Funding provided through the Older Americans Act Title III requires maintenance of effort. As such, states are required to spend a certain amount on Title III-like activities – the average of the past three years, or about \$8.1 million for FY 2016 and for FY 2017. These state funds are provided through GRF line items 490411, 490414, and 490506, as well as through line item 490616.

The executive flat funds the line item at FY 2015 levels, with a recommendation of \$58,655,080 in each fiscal year.

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General Revenue Fund

GRF 490321 Operating Expenses

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$1,506,958	\$1,480,271	\$1,478,748	\$1,487,418	\$1,487,418	\$1,487,418
	-1.8%	-0.1%	0.6%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Section 209.10 of Am. Sub. H.B. 59 of the 130th G.A.

Purpose: This line item is used to pay personnel, maintenance, and equipment costs of the Department.

GRF 490410 Long-Term Care Ombudsman

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$416,910	\$498,022	\$458,612	\$477,448	\$477,448	\$477,448
	19.5%	-7.9%	4.1%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Controlling Board in December 1996)

Purpose: This line item provides funding to support the investigation of complaints against providers of long-term care services for the elderly. Ombudsman also voice consumer needs and concerns to policy makers and providers. H.B. 483 of the 130th G.A. allows the line item to be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. MyCare Ohio is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

Department of Aging

GRF 490411 Senior Community Services

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$6,476,765	\$7,193,407	\$7,178,019	\$7,060,844	\$7,060,844	\$7,060,844
	11.1%	-0.2%	-1.6%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 298 of the 119th G.A.)

Purpose: These funds are used to provide community-based services to assist older persons in remaining independent within their own homes and communities as long as possible. Services provided include, but are not limited to, home repairs and maintenance, transportation, homemaker, personal care, home-delivered and congregate meals, prevention and disease self-management, care coordination, and respite services. Service priority is given to low income, frail, and cognitively impaired individuals 60 years of age and over. The Department is required to promote cost sharing based on the income of service recipients.

GRF 490414 Alzheimer's Respite

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$1,935,029	\$1,884,308	\$1,977,008	\$1,995,245	\$1,995,245	\$1,995,245
	-2.6%	4.9%	0.9%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 298 of the 119th G.A.)

Purpose: These funds provide respite and support services for Alzheimer's disease victims and their families.

Department of Aging

GRF 490423 Long-Term Care Budget - State

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$3,223,517	\$3,442,819	\$0	\$0	\$0	\$0
	6.8%	-100%	N/A	N/A	N/A

Source: General Revenue Fund

Legal Basis: Discontinued line item (originally established in Am. H.B. 1 of the 128th G.A.)

Purpose: This line item provided funding for the Department's administrative expenses associated with the PASSPORT, PACE, Assisted Living, and Choices programs. Beginning in FY 2014., funding for these expenses is provided in 656423, Long-Term Care Program Support - State, while funding for actual services is provided under GRF appropriation items 651525, Medicaid/Healthcare Services and 651425, Medicaid Program Support - State. The latter two items are in the Department of Medicaid budget.

GRF 490506 National Senior Service Corps

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$237,119	\$241,413	\$233,450	\$241,413	\$241,413	\$241,413
	1.8%	-3.3%	3.4%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 238 of the 116th G.A.)

Purpose: This line item provides a state subsidy to the National Senior Service Corps programs, including the Retired Senior Volunteers Program (RSVP), Foster Grandparents, and Senior Companions. The programs provide for the following types of activities: mentoring and tutoring to at-risk children and youth; services for the homebound frail elderly; and staffing for homeless shelters and food banks. Some volunteers who meet low income requirements receive a small stipend for 20 hours of service a week.

H.B. 59 of the 130th G.A. requires grant recipients to use funds to support priorities established by the Department and the Ohio State Office of the Corporation for National and Community Service. Neither the Department nor any area agencies on aging involved in the distribution of grant funds to lower-tiered grant recipients are allowed to use any funds for administrative costs.

Department of Aging

GRF 656423 Long-Term Care Program Support - State

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$0	\$0	\$3,482,123	\$3,385,057	\$3,385,057	\$3,385,057
	N/A	N/A	-2.8%	0.0%	0.0%

Source: General Revenue Fund

Legal Basis: Sections 209.10 and 209.20 of Am. Sub. H.B. 59 of the 130th G.A.

Purpose: This line item provides funding for the Department's administrative expenses associated with the PASSPORT, PACE, and Assisted Living programs. Prior to FY 2014, funds for this purpose were provided for in GRF line item 490423, Long-Term Care Budget - State. In FY 2014, the line item also provided funding for administrative expenses for the Choices program. However, the Choices program ceased operations at the end of FY 2014 and consumer direction services are now offered to all regions of the state as a component of the PASSPORT program.

Dedicated Purpose Fund Group

4800 490606 Senior Community Outreach and Education

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$168,595	\$110,477	\$160,067	\$372,523	\$372,523	\$372,523
	-34.5%	44.9%	132.7%	0.0%	0.0%

Source: Dedicated Purpose Fund Group: Registration fees from special events and revenues for charges assessed on the Board of Executives of Long-Term Services and Supports for acting as its fiscal agent

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Controlling Board in July 1982)

Purpose: This line item is used to provide training to workers in the field of aging, as well as to support statewide annual events including Senior Citizens' Day, Senior Citizens Hall of Fame, and State Fair activities. The line item is also used to pay administrative costs, other than payroll and travel, associated with the Board of Executives of Long-Term Services and Supports and to collect the Department's fee for acting as the fiscal agent to the Board.

Department of Aging

4C40 490609 Regional Long-Term Care Ombudsman Program

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$852,072	\$830,208	\$939,741	\$935,000	\$935,000	\$935,000
	-2.6%	13.2%	-0.5%	0.0%	0.0%

Source: Dedicated Purpose Fund Group: Fees on long-term care beds

Legal Basis: ORC 173.26; Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by H.B. 359 of the 118th G.A.)

Purpose: These funds are used to pay the costs of operating the regional ombudsman programs. The Ombudsman Program investigates and attempts to resolve consumer complaints about long-term care services. H.B. 483 of the 130th G.A. allows the line item to be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. MyCare Ohio is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

5BA0 490620 Ombudsman Support

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$551,594	\$548,749	\$713,142	\$1,250,000	\$1,250,000	\$1,250,000
	-0.5%	30.0%	75.3%	0.0%	0.0%

Source: Dedicated Purpose Fund Group: Transfers from the Resident Protection Fund (Fund 4E30), used by the Department of Medicaid. Fund 4E30 consists of civil penalties paid by nursing homes for inspection deficiencies.

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by the Controlling Board on December 6, 2004)

Purpose: These funds are used by the Office of the State Long-Term Care Ombudsman. The Office advocates for people receiving home care, assisted living and nursing home care, works to resolve complaints about services, helps people select a provider, and offers information about benefits and consumer rights. Additionally, beginning in FY 2014, the funds may be used to implement a nursing home quality initiative as specified in section 173.60 of the Revised Code. H.B. 483 of the 130th G.A. allows the line item to be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. MyCare Ohio is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

Department of Aging

5K90 490613 Long-Term Care Consumers Guide

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$1,037,147	\$445,608	\$972,989	\$1,059,400	\$1,059,400	\$1,059,400
	-57.0%	118.4%	8.9%	0.0%	0.0%

Source: Dedicated Purpose Fund Group: Fees paid by nursing facilities and residential care facilities for customer satisfaction surveys

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 403 of the 123rd G.A.)

Purpose: Funds in this line item are used to conduct annual customer satisfaction surveys and to pay for other administrative expenses related to the publication of the Ohio Long-Term Care Consumer Guide. The Guide includes information on both nursing facilities and residential care facilities, including information obtained from customer satisfaction surveys conducted or provided for by the Department.

5MT0 490627 Board of Executives of LTSS

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$0	\$0	\$442,745	\$600,000	\$800,000	\$800,000
	N/A	N/A	35.5%	33.3%	0.0%

Source: Dedicated Purpose Fund Group: Nursing home administrator license and registration fees

Legal Basis: ORC 4751.14; Section 209.10 of Am Sub. H.B. 59 of the 130th G.A.

Purpose: These funds are used to pay for expenses related to the Board of Executives of Long-Term Services and Supports. The Board, among other things, develops and enforces regulations that prescribe standards which must be met by individuals in order to receive a license as a nursing home administrator, issues licenses and registrations to individuals determined to meet these standards, and investigates complaints. Prior to FY 2014, the Board was under the Department of Health and license and registration fees were deposited into the General Operations Fund (Fund 4700) and expenses were paid through line item 440647, Fee Supported Programs.

Department of Aging

5T40 656625 Health Care Grants - State

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$0	\$0	\$340,899	\$0	\$0	\$0
	N/A	N/A	-100%	N/A	N/A

Source: Dedicated Purpose Fund Group: Grant dollars received from the Ohio Health Transformation Innovation Fund

Legal Basis: Established by the Controlling Board on March 10, 2014

Purpose: These funds are used to provide hands-on enrollment assistance to individuals on one of the Department's Medicaid Waiver programs or to those eligible for both Medicare and Medicaid services. The individuals have been, or will be enrolled, onto the new MyCare Ohio, which is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

5W10 490616 Resident Services Coordinator Program

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$331,092	\$344,292	\$286,331	\$344,700	\$344,700	\$344,700
	4.0%	-16.8%	20.4%	0.0%	0.0%

Source: Dedicated Purpose Fund Group: Ohio Housing Trust Fund

Legal Basis: Section 209.10 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 95 of the 125th G.A.)

Purpose: These funds are used to support the Resident Services Coordinator Program. This program serves low-income elderly and special needs tenants of subsidized rental housing with information and assistance in identifying and obtaining community services, programs, and benefits for which they may be eligible. The funds are received from the Ohio Housing Finance Agency.

Federal Fund Group

3220 490618 Federal Aging Grants

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$8,136,600	\$7,317,897	\$7,541,544	\$8,700,000	\$8,700,000	\$8,700,000
	-10.1%	3.1%	15.4%	0.0%	0.0%

Source: Federal Fund Group: CFDA 17.235, Senior Community Service Employment Program; CFDA 93.048, Title IV - Training, Research and Discretionary Projects and Programs; CFDA 93.568, Low-Income Home Energy Assistance; CFDA 93.630, Developmental Disabilities Basic Support and Advocacy Grants; CFDA 93.779, Health Care Financing Research, Demonstrations and Evaluations; CFDA 10.576, Seniors Farmers' Market Nutrition Program; CFDA 93.051, Alzheimer's Disease Demonstration Grants to States; CFDA 84.126, Rehabilitation Services - Vocational Rehabilitation Grants to States; CFDA 93.071, Medicare Enrollment Assistance; CFDA 93.072, Lifespan Respite Care Program; and CFDA 93.767, Ombudsman Volunteer Development Outreach

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 152 of the 120th G.A.)

Purpose: These funds provide for meal reimbursement, senior employment, home energy assistance, chronic disease self-management training, the Senior Farmer's Market Nutrition Program, and Alzheimer's training and assistance to those who qualify. H.B. 59 of the 130th G.A. allows the Office of Budget and Management to transfer appropriation among line items 490612, Federal Independence Services, and 490618, Federal Aging Grants, in amounts not to exceed 30% of the appropriation from which the transfer is made. Any transfer is required to be reported at the next scheduled Controlling Board meeting.

H.B. 483 of the 130th G.A. allows the line item to be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. MyCare Ohio is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

Department of Aging

3C40 490623 Long Term Care Budget

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$2,929,962	\$2,122,752	\$0	\$0	\$0	\$0
	-27.6%	-100%	N/A	N/A	N/A

Source: Federal Fund Group: Federal reimbursement for state administrative costs for the PASSPORT, PACE, Assisted Living, and Choices programs

Legal Basis: Discontinued line item (originally established in Am. H.B. 1 of the 128th G.A.)

Purpose: This line item provided funding for the Department's administrative expenses associated with the PASSPORT, PACE, Assisted Living, and Choices programs. Beginning in FY 2014., federal funding for administrative purposes is provided in 656623, Long-Term Care Program Support - Federal, while funding for actual services is provided under GRF appropriation items 651525, Medicaid/Healthcare Services and 651425, Medicaid Program Support - State. The latter two line items are in the Department of Medicaid budget.

3C40 656623 Long-Term Care Program Support - Federal

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$0	\$0	\$2,647,410	\$3,385,057	\$3,385,057	\$3,385,057
	N/A	N/A	27.9%	0.0%	0.0%

Source: Federal Fund Group: Federal reimbursement for state administrative costs for the PASSPORT, PACE, and Assisted Living programs

Legal Basis: Sections 209.10 and 209.20 of Am Sub. H.B. 59 of the 130th G.A.

Purpose: This line item provides the federal funding for the Department's administrative expenses associated with the PASSPORT, PACE, and Assisted Living programs. Prior to FY 2014, funds for this purpose were provided for in federally funded line item 490623, Long Term Care Budget. In FY 2014, the line item also provided federal funding for administrative expenses for the Choices program. However, the Choices program ceased operations at the end of FY 2014 and consumer direction services are now offered to all regions of the state as a component of the PASSPORT program. In FY 2014, the line item was also used to provide hands-on enrollment assistance to individuals on one of the Department's Medicaid Waiver Programs or to those eligible for both Medicare and Medicaid services. The individuals were enrolled onto MyCare Ohio, a three year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services. The line item was also used to fund other innovation projects.

Department of Aging

3M40 490612 Federal Independence Services

FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Introduced	FY 2017 Introduced
\$53,385,453	\$48,820,131	\$54,495,554	\$58,655,080	\$58,655,080	\$58,655,080
	-8.6%	11.6%	7.6%	0.0%	0.0%

Source: Federal Fund Group: CFDA 93.044, Title III, Part B - Grants for Supportive and Senior Centers; CFDA 93.041, Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect and Exploitation; CFDA 93.042, Title VII, Chapter 2 - Long Term Care Ombudsman Services for Older Individuals; CFDA 93.043, Title III, Part D - Disease Prevention and Health Promotion Services; CFDA 93.052, Title III E, National Family Caregivers Support Program; CFDA 93.053 Nutrition Services Incentive Program; and CFDA 93.045, Title III, Part C- Nutrition Services (provided under the Older Americans' Act specifically, Title III - C-1 Congregate Meals and Title III - C-2 Home Delivered Meals)

Legal Basis: Sections 209.10 and 209.30 of Am. Sub. H.B. 59 of the 130th G.A. (originally established by Am. Sub. H.B. 152 of the 120th G.A.)

Purpose: Funds are used to provide social services for the elderly, as well as providing congregate and home-delivered meals and funding for ombudsman activities. H.B. 59 of the 130th G.A. allows the Office of Budget and Management to transfer appropriation among line items 490612, Federal Independence Services, and 490618, Federal Aging Grants, in amounts not to exceed 30% of the appropriation from which the transfer is made. The Department is required to report any such transfer to the Controlling Board at the next regularly scheduled meeting. H.B. 483 of the 130th G.A. allows the line item to be used by the Office of the State Long-Term Care Ombudsman to provide ombudsman activities to consumers participating in MyCare Ohio. MyCare Ohio is a three-year demonstration program that consists of five managed care plans that coordinate physical, behavioral, and long-term care services.

FY 2016 - FY 2017 Introduced Appropriation Amounts

All Fund Groups

Line Item Detail by Agency

			Estimate	Introduced	FY 2015 to FY 2016	Introduced	FY 2016 to FY 2017	
			FY 2014	FY 2015	FY 2016	% Change	FY 2017	% Change
Report For Main Operating Appropriations Bill			Version: As Introduced					
AGE Department of Aging								
GRF	490321	Operating Expenses	\$ 1,478,748	\$ 1,487,418	\$ 1,487,418	0.00%	\$ 1,487,418	0.00%
GRF	490410	Long-Term Care Ombudsman	\$ 458,612	\$ 477,448	\$ 477,448	0.00%	\$ 477,448	0.00%
GRF	490411	Senior Community Services	\$ 7,178,019	\$ 7,060,844	\$ 7,060,844	0.00%	\$ 7,060,844	0.00%
GRF	490414	Alzheimer's Respite	\$ 1,977,008	\$ 1,995,245	\$ 1,995,245	0.00%	\$ 1,995,245	0.00%
GRF	490506	National Senior Service Corps	\$ 233,450	\$ 241,413	\$ 241,413	0.00%	\$ 241,413	0.00%
GRF	656423	Long-Term Care Program Support - State	\$ 3,482,123	\$ 3,385,057	\$ 3,385,057	0.00%	\$ 3,385,057	0.00%
General Revenue Fund Total			\$ 14,807,961	\$ 14,647,425	\$ 14,647,425	0.00%	\$ 14,647,425	0.00%
4800	490606	Senior Community Outreach and Education	\$ 160,067	\$ 372,523	\$ 372,523	0.00%	\$ 372,523	0.00%
4C40	490609	Regional Long-Term Care Ombudsman Program	\$ 939,741	\$ 935,000	\$ 935,000	0.00%	\$ 935,000	0.00%
5BA0	490620	Ombudsman Support	\$ 713,142	\$ 1,250,000	\$ 1,250,000	0.00%	\$ 1,250,000	0.00%
5K90	490613	Long-Term Care Consumers Guide	\$ 972,989	\$ 1,059,400	\$ 1,059,400	0.00%	\$ 1,059,400	0.00%
5MT0	490627	Board of Executives of LTSS	\$ 442,745	\$ 600,000	\$ 800,000	33.33%	\$ 800,000	0.00%
5T40	656625	Health Care Grants - State	\$ 340,899	\$ 0	\$ 0	N/A	\$ 0	N/A
5W10	490616	Resident Services Coordinator Program	\$ 286,331	\$ 344,700	\$ 344,700	0.00%	\$ 344,700	0.00%
Dedicated Purpose Fund Group Total			\$ 3,855,915	\$ 4,561,623	\$ 4,761,623	4.38%	\$ 4,761,623	0.00%
3220	490618	Federal Aging Grants	\$ 7,541,544	\$ 8,700,000	\$ 8,700,000	0.00%	\$ 8,700,000	0.00%
3C40	656623	Long-Term Care Program Support - Federal	\$ 2,647,410	\$ 3,385,057	\$ 3,385,057	0.00%	\$ 3,385,057	0.00%
3M40	490612	Federal Independence Services	\$ 54,495,554	\$ 58,655,080	\$ 58,655,080	0.00%	\$ 58,655,080	0.00%
Federal Fund Group Total			\$ 64,684,508	\$ 70,740,137	\$ 70,740,137	0.00%	\$ 70,740,137	0.00%
Department of Aging Total			\$ 83,348,384	\$ 89,949,185	\$ 90,149,185	0.22%	\$ 90,149,185	0.00%