
HMA

HEALTH MANAGEMENT ASSOCIATES

*Review of Health Care Services
Provided by Hamilton County, Ohio*

FINAL REPORT

PRESENTED TO
HAMILTON COUNTY, OHIO

MAY 30, 2014

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

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The Review of Health Care Services Report was developed by Health Management Associates (HMA) for the Hamilton County Tax Levy Review Committee (TLRC). The statements, findings, conclusions, and recommendations are those of the authors and do not necessarily reflect the views of the TLRC.

ABOUT HEALTH MANAGEMENT ASSOCIATES

HMA is a consulting firm specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Founded in 1985, Health Management Associates has offices in Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Chicago, Illinois; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Olympia, Washington; Sacramento, San Francisco, and Southern California; Tallahassee, Florida; and Washington, DC.

HMA has clients across the country, including the major safety net health systems, private sector providers, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long-term care, and behavioral health care.

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EXECUTIVE SUMMARY

In March 2014 Health Management Associates (HMA) was engaged by the Hamilton County Board of Commissioners to provide a review of health care services provided to Hamilton County residents and funded by the County through special tax levies or other county resources. HMA was also asked to describe the impact of the Affordable Care Act (ACA) on these services. HMA conducted the review on a cross-levy basis with particular attention on whether or not overlap of services or program recipients across services exists.

Hamilton County funds a variety of services for multiple populations. For purposes of this report, and pursuant to our scope of engagement, HMA developed the following definition of health care.

Health care is broadly defined as treatment, supports, services, or materials/equipment provided by qualified entities or practitioners to or for an individual in order to maintain, improve, restore or develop the individual's physical, mental, emotional, developmental or social well-being. Health care includes: preventive care; wellness services; screening, assessment, and diagnosis; therapeutic, rehabilitative, maintenance, habilitative or palliative care; as well as supports and linkages to facilitate access to services that result in improvements in an individual's overall health status, wellness and functioning.

ACA INSURANCE COVERAGE OPPORTUNITIES FOR HAMILTON COUNTY RESIDENTS

It is too early to determine the extent to which Medicaid expansion and the Exchange subsidies will reduce the number of uninsured in Ohio and Hamilton County. As of April 30, 2014, nearly 309,000 Medicaid applicants were approved, including 185,000 who fell into the "newly-eligible" Medicaid category and 124,000 who were newly enrolled though eligible for Medicaid under pre-ACA eligibility categories. There were also 120,000 applications still pending. The marketplace Exchange enrolled 155,000 individuals in Ohio. Detailed information about Hamilton County experience and information about the insurance status prior to either Medicaid or Exchange enrollment (individual or group insurance, or uninsured) is not yet available.

POTENTIAL LEVY OFFSETS RESULTING FROM INCREASED INSURANCE COVERAGE

We have generated estimates of the likely fiscal impact that the coverage expansions authorized through the Affordable Care Act will have upon individual health care programs operated by Hamilton County. The County will see savings from the implementation of the ACA largely through enrolling low-income uninsured currently served through county assistance programs into the state's Medicaid program and offsetting current county expenditure with Federal Title XIX Medicaid dollars. The scale of savings achieved through the ACA will be influenced by the following:

- **The proportion of those currently served in County programs newly eligible for Medicaid:** All citizens with income below 138% of the Federal Poverty Level (FPL) are now eligible for Medicaid. Some proportion of those accessing services through County-operated programs may

not be income-eligible (because they have income above 138% of FPL) or are not citizens of the United States or have not been citizens for the five years needed to make them eligible for Medicaid enrollment.

- **The take-up rate for those newly eligible for coverage:** This will be largely be driven by how effective County contractors are in enrolling income-eligible individuals into Medicaid. The County should work with their funded health services providers to ensure that those eligible for Medicaid are enrolled.
- **Corresponding changes in the administration of levy programs:** Some portion of levy funds currently spent on health services will be supplanted by Federal Medicaid dollars. The County could explore re-investing these funds into new services and supports, could use more levy funds to offset efforts currently supported with general fund revenue, or could reduce the size of the levies.

ACA insurance coverage opportunities and limitations are discussed in further detail in the report.

ACA SERVICE COVERAGE OPPORTUNITIES

Hamilton County funds a myriad of services that fall under HMA's proposed definition of health care, many of which remain unaffected by the passage of the ACA. While a small number of services could be funded using other than Hamilton County levy funds, they may represent such a small cost relative to overall levy funds that the effort necessary to seek coverage under Medicaid could outweigh the benefits. For example, the required input, decision-making, and planning that would need to occur between the County and state Medicaid officials to implement coverage for Health Home Care Coordination services could take a number of years to complete, so that there would be a significant delay before services were available. Moreover, the result would yield a tax levy offset ranging from between \$2.3 million and 3.4 million annually, which is only between 0.8% and 1.2% of total levy funds.

In other cases, the actual health care services (or populations receiving such services in certain settings) would not be covered under Medicaid, the Expansion, or on the Exchange. For example, Medicaid services are not covered when provided to inmates and certain categories of "institutionalized" individuals. However, language in the ACA describing Qualified Health Plans in the Exchange may provide an opportunity for coverage of pre-adjudicated inmates. Specifically the ACA defines an incarcerated individual (i.e., one no longer eligible for health services paid through their Exchange plan) as "...an individual [who] is incarcerated, other than incarcerated pending disposition of charges." This suggests that someone with existing Exchange coverage could conceivably have some of their health services paid through their Exchange plan. This opportunity may be limited to pharmacy services (where drugs could be accessed through a network pharmacy) or perhaps through an off-site provider in an Exchange plan's network.

It is not likely that many of those pre-adjudicated would be enrolled in an Exchange plan, and even if they are, meaningful savings may only be achievable if they are accessing extremely high-cost off site medical or pharmacy services. Nonetheless, the opportunity should be at least examined.

In addition, facilitating timely access to Medicaid eligibility post-release/discharge from non-covered settings is in the best interest of Hamilton County to ensure continuity of care and reduce the likelihood of an individual's continued reliance on a last-resort funding stream. However, the potential levy cost offsets are relatively minor. As illustrated in the report, County cost savings resulting from more rapid access to certain Medicaid mental health and substance use disorder (SUD) services ranges could yield roughly \$290,000 annually in reduced levy. ACA service coverage opportunities and limitations are discussed in further detail in the report.

OPPORTUNITIES TO REDUCE OVERLAP OR SERVICE DUPLICATION

HMA did not identify levy programs or services that represent inappropriate cross-levy service duplication. Rather, funded services appear to address the specific needs of populations served under each levy program. In addition, our review of information and discussions with County staff and levy-funded services providers reveals that providers are leveraging Medicaid and other funding sources appropriately and that levy resources are used to pay for services that are not otherwise available under Medicaid or other payers.

BENCHMARKING FINDINGS

HMA reviewed the cost of health care services provided in Hamilton County to those reported by similar counties. HMA reviewed publicly available fiscal year 2013 budget information in five other large Ohio counties with a large urban center (Cuyahoga, Franklin, Summit, Montgomery and Lucas) to see if there was any significant difference in Hamilton County expenditure on health and human service programs when compared against similar counties.

We adjusted spending information to account for differences in population (through a review of spending on a per-capita basis) and for differences in need for support programs targeted to low-income residents (through a review of spending per uninsured person). The results of our analysis were that we did not identify a program where Hamilton County spending exceeded that reported in other large urban counties in Ohio.

OTHER OBSERVATIONS AND RECOMMENDATIONS

CHILDREN'S SERVICES LEVY

The majority of the Children's Services Levy related to the provision of "health care" is for out-of-home services and part of the daily rate paid to providers of these services. Many providers of out-of-home care can be Medicaid providers of community-based mental health and substance use disorder treatment (SUD) services. Medicaid does not reimburse Hamilton County Department of Job and Family Services (HCJFS)-contracted placement entities for residential services (i.e., room and board); however, room and board costs are necessarily and appropriately paid out of Levy and other federal (i.e., Title IV-E funds). However, residential services providers do receive Medicaid payment for the mental health and SUD treatment component associated with a child's residential placement.

All placement agencies are required to complete the Ohio Department of Job and Family Services (ODJFS) 2911, Title IV-E Single Cost Report. The 2911 is used by HCJFS to charge maintenance and administration costs to Title IV-E. The 2911 has historically required providers to include worksheets from cost reports related to the provision of Medicaid community mental health and SUD treatment services. In addition, HCJFS captures activities of placement agencies via time studies used by providers to determine costs of operations. Although the Ohio Department of Mental Health and Addiction Services (OMHAS) has indicated that Medicaid cost reports will be discontinued in the future, placement entities will still be required to isolate costs, since Medicaid mental health and SUD costs will not be Title IV-E eligible for claiming. Once OMHAS discontinues use of the Medicaid cost report, HCJFS will need to be diligent in monitoring the reports to ensure that there are no shifts in costs to local funds for services otherwise allowable to another funding source.

DEVELOPMENTAL DISABILITIES SERVICES LEVY

Hamilton County Developmental Disabilities Services (HCDDS) administers and delivers a range of health care, educational and other supportive services, many of which are mandated responsibilities. HCDDS has over the last several years, reduced expenditures through operational efficiencies and taken action to maximize the use of local dollars. They continue to work on cost-sharing across programs and agencies for shared services (such as educational programs) and to move as many clients into the waivers as possible when it is cost-effective to do so. HCDDS should continue these efforts and intends to do so.

FAMILY SERVICES AND TREATMENT LEVY

Documentation supplied to the County to process invoices submitted by Talbert House only requires invoice date, Invoice number, month, name of Talbert House program, running expense list and program balance, number of clients served. Hamilton County may want to consider instituting stronger oversight, monitoring and reporting mechanisms, particularly for purchase of service contracts.

Health coverage purchased through a Health Insurance Exchange is still accessible to those who are in jail custody but not yet adjudicated. The County should consider adopting policies and processes to identify the insurance status of those entering custody. The County should also pursue billing private health insurance carriers for some health services (e.g., pharmacy).

Many ex-offenders released from Hamilton County jail settings will likely be newly eligible for Medicaid through the ACA expansion. Many of these persons will have mental health or substance use disorder (SUD). The County should also explore development or strengthening of processes to link mentally ill or those who abuse substances to providers upon release as a strategy to reduce recidivism.

HEALTH AND HOSPITALIZATION INDIGENT CARE LEVY (NON-HOSPITAL)

The NaphCare contract, where the vendor has limited financial risk for inmate services and where the vendor is not financially responsible for off-site medical services, requires strong documentation from the vendor on how they manage health services provided to inmates and vigilance from the County in

reviewing NaphCare's procedures in providing inmate health services. Discussions with staff at the Sheriff's Office suggested that the County is comfortable with NaphCare's documentation and reporting and that the vendor provides sufficient oversight of funding provided for inmate health services.

Facilitating timely access to Medicaid eligibility post-release/discharge from non-covered settings is within the best interest of Hamilton County to ensure continuity of care and reduce the likelihood of an individual's continued reliance on the Indigent Care Levy.

HEALTH AND HOSPITALIZATION INDIGENT CARE LEVY (HOSPITAL)

The ACA will have a much more material effect on the University of Cincinnati Medical Center (UCMC) than on Cincinnati Children's Hospital Medical Center (CCHMC). For UCMC, 6.8% of its fiscal year 2013 expenses were for charity care, compared to 1.3% of 2013 expenses for CCHMC.

The annual impact (using 2017) of ACA-related coverage changes is estimated by HMA to be nearly \$30 million increase in revenue. This improvement is partially offset by reimbursement reductions in Medicare and Medicaid required by the ACA. The net annual effect by 2017 of coverage expansion less reimbursement cuts is an estimated \$15.5 million. In FY 2013 (UCMC) had \$53 million of Services (defined as the cost of uncompensated care provided to eligible Hamilton County residents); the contract requires that Services exceed amounts received from the Levy. Estimates assume that 55% of the uninsured will be covered after the ACA impacts are fully realized. The result is an estimated 45% of UCMC's Annual Services, or \$25 million, would remain. This exceeds the Levy amount received in any of the years of the current Levy.

The net impact of the ACA changes on CCHMC is estimated to be relatively modest; \$2.1 million is less than 0.2% of revenue. However, if the ACA has more than a minimal effect on CCHMC's charity care, the Hospital will no longer meet the Annual Services test called for in the contract. CCHMC had Annual Services (the cost of uncompensated services provided to eligible Hamilton County residents) of \$5.7 million in FY 2013. This barely exceeds the \$5.2 million that the Hospital receives annually from the current Levy. If the ACA reduces CCHMC's uncompensated care costs by 8% or more, (all other things being equal) the Hospital would no longer comply with this important provision of the contract.

MENTAL HEALTH LEVY

When considering the overall impact of the ACA, it is important to bear in mind that the Mental Health Recovery Services Board (MHRSB) will continue to rely on Levy funds to meet its requirements for statutorily mandated services not covered by Medicaid or other federal funding. This includes availability of local dollars as often required matching funds for federal and state grant opportunities.

In continued administration of the MH Levy, the County may want to consider continued monitoring and contract adjustments related to the Mental Health Access Point Contract, particularly given that the elevation of Medicaid has reduced initial screening and face-to-face contacts. The County may also want to amend contracts to ensure the occurrence of financial screening for Medicaid eligibility and reporting of consumers served (both Medicaid and non-Medicaid). The Mental Health Recovery Services Board

(MHR SB) should consider updating policies related to sliding fee schedule to consider full fee for individuals who choose not to enroll in the Exchange or pursue Medicaid benefits for which they qualify. Finally, MHR SB should continue to engage in strategic planning and action with State agencies to propose coverage of additional Medicaid services as well as identify a strategy to have more direct access to aggregate Medicaid expenditure and utilization data.

SENIOR SERVICES LEVY

The Council on Aging (COA) administers the Elderly Services Program (ESP) consistent with the requirements in the agreement between the County and COA. The COA administers Older America's Act, waiver, and state-funded services and county programs for multiple counties. They are an experienced organization with a broad scope of responsibility that helps ensure ESP is the payer of last resort. One area of focus the County may want to consider is development of a routine and periodic report in an easy to review format designed to focus on the eligibility determination process that includes referral for a Medicaid and waiver eligibility determination. For example, a quarterly or semiannual report profiling clients' movement into the waiver might identify delays in eligibility determination at any point in the process that contribute to a greater expenditure of ESP funds. This report could also be used to develop a more detailed profile of who is enrolled in the ESP (and the waiver).

INTRODUCTION

BACKGROUND

In March 2014 Health Management Associates (HMA) was engaged by the Hamilton County Board of Commissioners through a competitive procurement process to provide a review of health care services provided to Hamilton County residents and funded by the County through special tax levies or other resources. HMA was also asked to describe the impact of the Affordable Care Act (ACA) on these services. HMA conducted this review on a cross-levy basis with particular attention on whether or not overlap of services or program recipients across services exists. Objectives for this review included:

- Identifying health care services currently provided by Hamilton County.
- For all health care services provided, assessing the potential impact of the ACA.
- Providing benchmarking comparisons with similar county-funded Health Care programs in Ohio.
- Making recommendations for the future of health care services provided by Hamilton County.

SCOPE OF WORK

HMA was engaged by the Hamilton County Board of Commissioners to perform the tasks enumerated below and to prepare a report on our findings and recommendations.

Description of Scope of Services

Consultant shall conduct a review of health care services provided to Hamilton County residents and funded by Hamilton County, through special tax levies or otherwise, and the impact of the Affordable

Care Act on these services. Consultant shall conduct this review on a cross-levy basis with particular emphasis on service overlaps between levy programs and on determining whether service recipients participate in multiple levy programs. Consultant shall prepare a final report, which addresses the following objectives and will be in the format identified below.

Objectives:

- Develop a comprehensive definition of “health care.” Typical definitions focus not only on the “prevention, treatment and management of illness” but also on the preservation of “mental and physical well-being,” often using an umbrella concept of “wellness.” For purposes of this document, “Health Care” shall be used in this broad sense.
- Provide a financial evaluation of current and requested Levy recipient program Health Care services
- Review the funding history and budget requests for Levy recipient’s current Health Care programs
- Provide financial analysis of each Levy recipient Health Care program
- Benchmark historical costs vs. budget requests for Levy recipient programs
- Benchmark detailed expenses including staffing costs of Levy recipient programs to national and local averages
- Benchmark financial costs for Levy recipient Health Care programs against similar programs in other Ohio counties
- Make recommendations for Levy contract provisions for each Health Care program receiving Tax Levy funding assuming successful passage of the proposed Tax Levy
- Recommendations for costs savings and/or revenue enhancements
- Review of potential impacts of the Affordable Care Act (“ACA”), taking into account Ohio’s Medicaid expansion and the observed or predicted reactions of providers and others to the ACA.

Task 1: Identify Health Care services currently provided by Hamilton County

- A. Work with Hamilton County departments and agencies to collect program history and background for each of these Health Care services.
- B. Conduct interviews with each program’s staff to understand the program management and reporting of program and financial information.
- C. Build a data table presenting each program, its historical and current revenues and expenditures, and outlining possible service and recipient overlaps
- D. Review the draft table with each program’s management to assure completeness and accuracy.
- E. Revise and finalize data table based on the review of the draft.

Task 2: For all Health Care services provided assess the potential impact of the ACA.

- A. Provide detail on ACA phase in on an annual basis for each Health Care service provided by Hamilton County.
- B. Include review of impacts of the Medicaid expansion in Ohio and the observed and likely reactions of providers and others to the ACA and also to Medicaid expansion.
- C. Provide a detailed review of the impact of ACA on Hamilton County's criminal justice population including such services as inmate medical care, re-trial and re-entry services and public defender representation.
- D. Build a data table with the impact of the ACA implementation for years 2014-2019.
- E. Review the draft table with each program's management to assure completeness and accuracy.
- F. Review and finalize data table based on the review of the draft.

Task 3: Benchmarking comparison with similar county-funded Health Care programs in Ohio

- A. Benchmark each service with other comparable Ohio counties (including Cuyahoga, Lucas, Montgomery and Franklin counties).
 - a) Identify comparable Health Care services.
 - b) Identify and collect appropriate available comparative data, including how the ACA impacts other county Health Care services.
- B. Prepare a comparative table of the data collected, including observations regarding significant apparent differences between
- C. Hamilton County Health Care services and other agencies.

Task 4: Where appropriate, work with consultants conducting performance reviews concurrently to with review for levy-funded Health Care services.

- A. Share data and be sure reports mirror collections and recommendations.

Task 5: Work with the County's Affordable Care Act consultants to review potential impacts of the Affordable Care Act

Task 6: Based on the results of Tasks 1-5 make recommendations for the future of Health Care services provided by Hamilton County.

Task 7: Prepare draft and final reports using the following outline as a guideline:

PERFORMANCE REVIEW REPORT OUTLINE

- Definition of Health Care

- Overview of County provided Health Care services
- History and Background of these services
- Cross Levy analysis of programs for possible service and recipient overlaps
- Analysis of the Affordable Care Act and County Health Care services
- Operations analysis
- Financial analysis
- Comparisons and Benchmarking
- Summary of principal observations and recommendations
- Appendices

METHODOLOGY

To meet Hamilton County objectives, HMA conducted face-to-face and telephone interviews with key County staff and service providers to help us understand each levy program's covered populations and services, caseload sizes, and funding history. In addition HMA reviewed materials supplied by the County and vendors such as previous levy review reports, contracts, memoranda of understanding (MOUs), and other applicable documents. For the financial review, HMA gathered information detailing the revenue and expenditure history of each relevant program, including eligibility requirements and payer mix. To conduct the benchmarking task, HMA collected levy expenditure information from county budget documents. Information, analysis, and recommendations gathered from these activities are summarized in the report. Where appropriate, HMA conducted additional onsite interviews with vendors in provider settings to more fully understand services provided to Hamilton County residents.

ORGANIZATION OF REPORT

The report begins with an overview of the ACA, since a major purpose of the report is to assess the impact of the ACA on the County. This section is followed by a proposed working definition of "health care." Next, the report provides an overview of Hamilton County's levy-funded health care system and, for each levy program, describes eligibility for services under the levy, services provided, actual (or estimated) of service utilization, health care-related revenues and expenditures, and a discussion of the impact of federal health care reform. Each section concludes with levy-specific observations and recommendations. Benchmarking data follows the levy program overview section. The report culminates in a cross-level summary of observations and recommendations. Supplementary levy service and expenditure details, appendices and a list of general references are contained on the final pages of the report.

OVERVIEW OF AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a federal statute signed into law on March 23, 2010. It represents the most significant regulatory overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965. The ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the

uninsured rate by expanding public and private insurance coverage, and reducing the costs of healthcare for individuals and the government. It introduced a number of mechanisms—including mandates, subsidies, and insurance Exchanges—to increase coverage and affordability. The law also requires insurance companies to cover all applicants with a defined minimum benefit package and offer the same premium rates regardless of pre-existing conditions.

Many sections of the ACA address aspects of the health care delivery system other than insurance and coverage:

Key Delivery System Reforms: The law adopts several key delivery system reforms to better align provider incentives to improve care coordination and quality and reduce costs. These reforms include a value-based purchasing system for hospitals; voluntary pilot projects to test bundled Medicare payments; voluntary pilot programs where qualifying providers – including hospitals – can form Accountable Care Organizations and share in Medicare cost savings; and financial penalties for hospitals with “excessive” readmissions. In addition, the law creates a Center for Medicare and Medicaid Innovation to test innovative payment and service delivery models.

Workforce and Graduate Medical Education: The law provides grants and loans to enhance workforce education and training, to support and strengthen the existing workforce, and to help ease health care workforce shortages. It creates the National Health Care Workforce Commission to analyze the supply, distribution, diversity, and skill needs of the health care workforce of the future.

Wellness and Prevention: The law invests resources in prevention and wellness, including allocating \$12.9 billion over 10 years to the Prevention and Public Health Fund. It requires public and private insurers to cover recommended preventive services, immunizations and other screenings with zero enrollee cost sharing (no co-payment or deductible). It also initiates policies to encourage wellness in schools, workplaces and communities, and takes steps to modernize the public health care system.

Quality, Disparities and Comparative Effectiveness: The law takes steps toward paying for quality rather than volume of services by implementing “pay-for-reporting” systems across all providers and moving many providers toward value-based purchasing systems in the future. It also applies financial penalties to hospitals with “high” rates of hospital-acquired conditions. The law establishes a national quality improvement strategy, creates a public-private institute to analyze the comparative effectiveness of treatments, and creates a patient safety research center to promote the adoption of best practices. In addition, it contains a number of provisions to improve the delivery of health care services, particularly to low-income, underserved, uninsured minority and rural populations.

Regulatory Oversight and Program Integrity: The law includes a significant number of provisions to reduce waste, fraud, and abuse in the Medicare and Medicaid programs. These include extending the Recovery Audit Contractor (RAC) program to Medicare Parts C and D and Medicaid and implementing additional policies to enhance program integrity in Medicaid. Several new reporting requirements are imposed on tax-exempt hospitals, as discussed later in this report.

Medicare and Medicaid Payment Changes: The law takes a number of steps to reduce the rate of increase in Medicare and Medicaid spending. Hospitals are projected to contribute \$155 billion in savings over 10 years through reduced payment updates, decreases in Medicare and Medicaid disproportionate share hospital payments, and financial penalties. The law also provides enhanced payments to rural hospitals, extends a number of expiring Medicare provisions, expands the 340B drug discount program, and provides additional payments to primary care physicians.

Revenue Provisions: In addition to Medicare and Medicaid provider payment reductions, the new law is financed by taxing high-premium health insurance plans, raising the Medicare tax for high-income individuals, and imposing annual fees on the pharmaceutical, medical device, clinical laboratory, and health insurance industries.

Insurance Reform and Coverage: Most importantly and most relevant to this report, the ACA creates new federal programs and requirements for health insurance. Significant insurance coverage reforms, many of which took effect on January 1, 2014, include:

- Guaranteed issue prohibits insurers from denying coverage to individuals with pre-existing conditions, and a partial community rating requirement limits rate variation based on age to a 3 to 1 ratio and prohibits variation based on gender or pre-existing conditions.
- Minimum standards for health insurance policies are established. Each plan must provide coverage for defined “essential benefits,” and cost-sharing limits are established.
- An individual mandate requires all individuals not covered by an employer-sponsored health plan, Medicaid, Medicare, or other public insurance programs to secure an approved private-insurance policy or pay a penalty, unless the applicable individual has a financial hardship or is a member of a recognized religious sect exempted by the Internal Revenue Service.
- Health insurance Exchanges are established in each state (some operated by the state and some by the federal government at the state’s option) as a new avenue by which individuals and small businesses can compare policies and buy insurance (with a government subsidy if eligible). In the first year of operation, open enrollment on the Exchanges ran from October 1, 2013, to March 31, 2014. For plans starting in 2015, the proposed enrollment period is November 15, 2014 to February 15, 2015.
- The law includes subsidies to help people with low incomes comply with the mandate. Individuals and families whose incomes are between 133% and 400% of the federal poverty level will receive federal subsidies on a sliding scale if they purchase insurance via an Exchange. The size of the federal subsidy (via a tax credit) is calculated on a sliding scale based on household income.
- Small businesses will be eligible for subsidies for a limited period.
- Medicaid eligibility is expanded to include individuals and families with incomes up to 138% of the federal poverty level, including adults without disabilities and without dependent children.

- Businesses which employ 50 or more people but do not offer health insurance to their full-time employees will pay a tax penalty if the government has subsidized a full-time employee's healthcare through tax deductions or other means. This is commonly known as the employer mandate. In July 2013, this provision was delayed for one year.

THE OHIO CONTEXT

Many significant health coverage changes took effect on or before January 1, 2014, and have potential impact on the need and utilization of levy funds to support indigent health care expenses. Specific to the expansion of Medicaid, the ACA authorized eligibility for all citizens with incomes below 138% of the federal poverty level. Initially the ACA made state access to *all* federal Medicaid funding contingent on states providing this coverage expansion. However the Supreme Court (National Federation of Independent Business (NFIB) v. Sebelius) ruled this enforcement mechanism unconstitutional. The ruling made Medicaid expansion an option for states. Some states elected to pursue expansion and take advantage of the higher federal matching share for the expansion population over a seven-year period. For first three years (from 2014-2016), the federal government covers 100% of the program. Thereafter, the federal percentage gradually declines, as follows: 2017 (95% federal / 5% state); 2018 (94 % federal / 6% state); 2019 (93% federal / 7% state); 2020 (90% federal / 10% state).

As of May of 2014, twenty-five (25) states, including Ohio, have decided to expand Medicaid. The resulting benefit in these states is that they are able to extend coverage to many additional individuals and pay a matching rate that is significantly lower than the matching rate for the existing Medicaid population. In the case of Hamilton County this expansion includes coverage of individuals, many childless adults, who until recently relied on levy funding for their health care.

Three administrative structure options exist for the Exchanges, a publicly authorized market where individuals and small groups can purchase health care coverage:

- *State-Operated*: Public, quasi-public or non-profit entity operates the Exchange. Requires State authorizing legislation.
- *State-Federal Partnership*: Exchange on federal platform. State and Federal government share administrative requirements. Requires more limited state-level legal authorization.
- *Federally Facilitated*: Fully operated by federal government for consumers in a state. Does not require state legislative authorization

Ohio elected the Federally Facilitated Exchange (i.e., Healthcare.gov).

ACA IMPLEMENTATION IN OHIO

IMPACT OF COVERAGE PROVISIONS

It is too early to determine the extent to which Medicaid expansion and the Exchange subsidies will reduce the number of uninsured in Ohio and Hamilton County. As of April 30, 2014, nearly 309,000 Medicaid applicants were approved, including 185,000 who fell into the “newly-eligible” Medicaid category and 124,000 who were eligible for Medicaid under pre-ACA eligibility categories but not enrolled. There were also 120,000 applications still pending. The marketplace Exchange enrolled 155,000 individuals in Ohio. Detailed information about Hamilton County experience and information about the insurance status prior to either Medicaid or Exchange enrollment (individual or group insurance, or uninsured) is not yet available.

Most experts predict that it will take between two and four years for the full effect of coverage expansion to be realized. Consequently, six months of Medicaid and Exchange enrollment data is not conclusive. To gauge the potential long-term impact, three previous studies projecting Ohio results were reviewed for this report. A report by Milliman, Inc., for the Ohio Department of Insurance in 2011,¹ a report by Mercer Health and Benefits LLC for the Ohio Office of Medical Assistance,² and a report from the Urban Institute conducted in 2012³ predicted changes in Ohio’s uninsured, Medicaid enrollment, and individual policies (where applicable) and are summarized below:

Milliman Report (change in insurance coverage 2010 to 2017)

	2010	2017	Change	% Change
Uninsured	1,500,000	712,000	(788,000)	-53%
Individual insurance	350,000	735,000	385,000	110%
Employer group insurance	6,075,000	5,406,000	(669,000)	-11%
Medicaid	2,075,000	3,147,000	1,072,000	52%
Total	10,000,000	10,000,000	-	-

Mercer Report (increase in Medicaid by 2017)

Pre-ACA Insurance Status	Woodwork Effect	Newly Eligible	Total
Uninsured	173,000	307,000	480,000
Individual insurance	23,000	46,000	69,000
Employer group insurance	45,000	42,000	87,000
Other/Unknown	18,000	21,000	39,000
Total	259,000	416,000	675,000

¹ Estimates are derived from a report prepared by Milliman, Inc. dated August 21, 2011 for the Ohio Department of Insurance entitled “Assist with the first year of planning for design and implementation of a federally mandated American Health Benefit Exchange”.

² Information is obtained from a report prepared by Mercer Health and Benefits LLC for the Ohio Office of Medical Assistance dated February 13, 2013, entitled “Fiscal Impact of the Affordable Care Act on Medicaid Enrollment and Program Cost”.

³ Estimates are derived from a report issued by Hospital Policy Institute of Ohio in February 2013 entitled “Expanding Medicaid in Ohio”.

Urban Institute (estimated change in the uninsured by 2017)

	2017 Estimate
Uninsured (58% decrease)	(925,000)
Medicaid-newly eligible	570,000
Medicaid-other	206,000
Exchange coverage	149,000

The Milliman study is the only one of the three that includes a comprehensive analysis of all of the likely effects of the ACA coverage expansion. While the most significant effect is a reduction in the number of uninsured, it is expected that some employers will drop employee coverage. Some more marginal, lower-wage companies struggle to afford health benefits for their employees, and new minimum requirements on benefits may cause some of them to drop coverage, especially if they know that many of their employees will be eligible for Medicaid or subsidized marketplace Exchange plans. Also, it is expected that most persons who purchased individual policies prior to the ACA will obtain coverage from Exchange plans in the future. However, a migration to the extent projected by Milliman in 2011, especially from employer-based coverage to Medicaid, is much larger than what other studies have predicted and much larger than what we believe is likely.

For purposes of our ACA analysis, we will assume the following changes in the insured status of Ohio non-elderly residents:

Estimated Coverage Changes from Pre-ACA to 2017

	Before ACA	2017 Estimate	Change	% Change
Medicaid	1,744,500	2,469,500	725,000	42%
Exchange	-	635,100	635,100	100%
Uninsured	1,460,800	657,400	(803,400)	-55%
Employer group insurance	5,590,600	5,311,100	(279,500)	-5%
Other Private	554,500	277,300	(277,200)	-50%
Other Govt	268,900	268,900	-	-
Total	9,619,300	9,619,300	-	-

The estimated decrease in uninsured Ohioans is a significant benefit for most hospitals, because they will be able to replace much of their charity care and uninsured bad debt with Medicaid and insurance reimbursement. However, the shift from private insurance to Medicaid will decrease reimbursement to hospitals. In addition, some of the plans on the marketplace Exchange require larger out-of-pocket costs than employer-based insurance. High deductibles will result in increased bad debts, because many cannot or will not pay their patient balance.

Several factors will influence the impact of the ACA on Hamilton County in addition to the opportunities created by the law. In order to maximize the impact of expanded Medicaid coverage and opportunities for coverage on the Exchange, the residents of the county will need to access these benefits. The benefits of making coverage available to previously uninsured individuals are achieved only if newly eligible residents of the County enroll in the Medicaid or Exchange coverage. The deadline for accessing coverage through the Exchange for 2014 has passed (except for people who experience a change in "life events," such as marriage, divorce, job loss, etc.). It will be important for Hamilton County to determine

how many people have actually signed up for a plan vs. the estimates and make adjustments to the budget accordingly. The next Open Enrollment period for the Exchange, for 2015 coverage, is November 15, 2014, to February 15, 2015, with coverage starting as early as January 1, 2015. Providers will need to remain vigilant to identify individuals who have experienced qualifying life events that make them eligible to purchase insurance from the Exchange prior to the next enrollment period and to identify others who qualify for Medicaid. (Current and future efforts to ensure that levy funds are a payer of last resort are discussed in greater detail in each levy section as well as within the report's recommendations.)

DEFINITION OF HEALTH CARE

Hamilton County funds a myriad of services and activities ranging from traditional hospitalization services provided in correctional settings through home delivered meals and chore services that permit individuals to remain in the least restrictive community-based setting. For purposes of identifying levy-funded services potentially affected by implementation of the ACA or determining where duplication in services or populations may occur, HMA explored several descriptions of health care offered by others to provide guidance as we developed a working definition for purposes of the Health Care Services Review project. Examples of such descriptions include the following:

- "Health care means care, services, or supplies related to the health of an individual. Health care includes...preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body..."⁴
- Medicare statutes define "medical and other health services" as including physicians' services; services and supplies (including drugs and biologicals which are not usually self-administered by the patient), hospital services, diagnostic services, therapy services, rural health clinic services and Federally qualified health center services; home dialysis supplies and equipment, and other services furnished pursuant to an eligible member..⁵
- "Health care means home care, hospital care, nursing home care, outpatient care, preventive care, habilitative and rehabilitative care, case management, and respite care; and includes the training of appropriate members of a child's family or household in the care of the child; and the provision of such pharmaceuticals, supplies (including continence-related supplies such as catheters, pads, and diapers), equipment (including durable medical equipment), devices, appliances, assistive technology, direct transportation costs to and from approved health care providers (including any necessary costs for meals and lodging en route, and accompaniment by an attendant or attendants), and other materials as the Secretary determines necessary."⁶

⁴ 45 CFR 160.103

⁵ Section 1861(s) of the Social Security Act, 42 U.S.C. 1395x(u)

⁶ Title 38: Pensions, Bonuses, and Veterans' Relief-Code of Federal Regulations (CFR) – 17.900 Definitions. (current as of April 21, 2014)

- The U.S. Department of Health and Human Services (HHS) publishes an annual series of data presenting total national health expenditures (NHEs) across categories of expenditures. Each expenditure category is separately defined and includes: Personal Health Care, Goods and Services (e.g., hospital care; professional services; other health, residential, and personal care; Home health care; Nursing Care Facilities and Continuing Care Retirement Communities Medical Goods, Retail Purchase of Medical Products; Prescription Drugs; Non-Durable Medical Products; and Durable Medical Products).⁷

For purposes of the report, HMA proposes the following definition of health care:

Health care is broadly defined as treatment, supports, services, or materials/equipment provided by qualified entities or practitioners to or for an individual in order to maintain, improve, restore or develop the individual’s physical, mental, emotional, developmental or social well-being. Health care includes: preventive care; wellness services; screening, assessment, and diagnosis; therapeutic, rehabilitative, maintenance, habilitative or palliative care; as well as supports and linkages to facilitate access to services that result in improvements in an individual’s overall health status, wellness and functioning.

OVERVIEW OF COUNTY-PROVIDED HEALTH CARE SERVICES

Hamilton County generates approximately \$280 Million in annual revenues through six property tax levies that support health and human services for county residents. The table below provides a brief description of levy services, target populations, levy period and annual levy revenues.

Target Populations and Revenues Generated by Hamilton County Health & Human Services Levies				
(Data from the 2014 Hamilton County Budget in Brief)				
Levy	County- Contracted / Administering Agency	Target Population (brief description)	Current Levy Period	2014 Levy Revenues
Children’s Services Levy	Hamilton County Department of Job & Family Services	Children under the custody or supervision of the county	2012-2016	\$ 40,938,397
Developmental Disabilities Levy	Hamilton County Developmental Disabilities Services	Children and adults with a developmental disability	2010-2014	\$ 67,250,633

⁷ National Health Expenditures Accounts: Methodology Paper, 2012

Target Populations and Revenues Generated by Hamilton County Health & Human Services Levies				
(Data from the 2014 Hamilton County Budget in Brief)				
Levy	County- Contracted / Administering Agency	Target Population (brief description)	Current Levy Period	2014 Levy Revenues
Family Services & Treatment Levy (formerly Health Levy)	- Hamilton County Mental Health Recovery Services Board	Offenders who have mental illness or alcohol and drug addiction	2010-2014	\$ 5,955,654
	- Hamilton County Sheriff's Office			
Health and Hospitalization Levy (Indigent Care Services)	- University of Cincinnati Medical Center	For the Hospitals: medically indigent residents	2011-2014	\$ 40,121,834
	- Cincinnati Children's Hospital Medical Center	For other Agencies: mostly inmates and ex- offenders		
	- Mental Health Recovery Services Board			
	- Hamilton County Sheriff's Office			
	- Hamilton County Public Health			
- Hamilton County Probate Court				
Mental Health Levy	Mental Health Recovery Services Board	Adults with serious mental illness (SMI), children with serious emotional disturbance (SED), adults with dual diagnoses (substance abuse and mental illness)	2013-2017	\$ 34,111,316
Senior Services Levy	Council on Aging of Southwestern Ohio	60+ and meet specific impairment requirements or under 60 with a diagnosis of Alzheimer's Disease or related dementias and require specific services	2013-2017	\$ 19,340,456

POTENTIAL LEVY OFFSETS RESULTING FROM INCREASED INSURANCE COVERAGE

HMA generated estimates of the likely fiscal impact that the coverage expansions authorized through the Affordable Care Act will have upon individual health care programs operated by Hamilton County. The County will see savings from the implementation of the ACA largely through enrolling low-income uninsured currently served through County assistance programs into the state's Medicaid program and offsetting current County expenditure with Federal Title XIX Medicaid dollars. The scale of savings achieved through the ACA will be influenced by the following:

- **The proportion of those currently served in County programs who are newly eligible for Medicaid:** Medicaid eligibility is established for all citizens with income below 138% of the Federal Poverty Level. Some proportion of those accessing services through County operated programs may not be income-eligible (that is, they have income above 138% FPL) or may not be citizens of the United States or may not have been citizens for the five years needed to make them eligible for Medicaid.
- **The take-up rate for those newly eligible for coverage:** This will be largely driven by how effective County contractors are in enrolling eligible individuals into Medicaid. The County should work with their funded health providers to ensure that people eligible for Medicaid are enrolled.
- **Corresponding changes in the administration of levy programs:** Some portion of levy funds currently spent on health services will be supplanted by Federal Medicaid dollars. The County could explore re-investing these funds into new services and supports, could use more levy funds to offset efforts currently supported with general fund revenue, or could reduce the size of the levies.

Appendix 1 contains projections of likely reductions in need for levy funds associated with the Affordable Care Act.⁸

CHILDREN'S SERVICES LEVY – OPERATIONS AND FINANCIAL ANALYSIS

The Children's Services Levy is administered by the Hamilton County Department of Job and Family Services (HCJFS). HCJFS is the local organization legally responsible for taking reports of child abuse, neglect, and dependency. Following investigation of those reports, the agency acts to protect children.

ELIGIBILITY

Clients eligible for Children's Services Levy funds include children and families involved with the HCJFS Children's Service Division, which provides services such as:

⁸ To enable the County to modify assumptions used in projections, we supplied the TLRC with the actual Excel spreadsheet used.

- Operation of 241-KIDS, Hamilton County's 24-hour telephone line for reporting suspected abuse and neglect.
- Investigations of abuse or neglect allegations and transfers of cases to Family Services Ongoing units when children are found to be at significant risk of serious harm.
- Involvement of families in making decisions affecting their children, with support of community partners.
- Provision of services to help support families, including emergency housing and parenting training, and referrals to other community partners for services such as mental health counseling or substance abuse treatment.
- Placement of children who cannot be safe in their homes into temporary care with relatives, foster parents, or institutional settings.
- Protective, temporary, or permanent custody of children through Juvenile Court.
- Promotion of recruitment of foster and adoptive families.
- Preparation of children for adoption and arrangements for post-adoption services to families.
- Training in independent living skills for older teens.

SERVICES

Health care and related services purchased through levy funds fall into the following categories:

- Out-of-home care such as room and board and treatment services for eligible HCJFS-involved children. The County contracts with approximately 57 unique providers of out-of-home services (e.g., treatment foster care, therapeutic foster care, residential group home, etc.)
- Care coordination and support services for high-risk, multi-system involved children. HOPE for Children and Families (HOPE) jointly funded by HCJFS, Juvenile Court, Developmental Disability Services, and Mental Health & Recovery Services Board to reduce out-of-home long-term placement.
- Assessment, service referrals, and care management of behavioral health needs of children and family members involved with Children's Services. Family Access to Integrated Recovery (FAIR) is a program developed from a collaborative effort between the Hamilton County Mental Health and Recovery Services Board, the Children's Services division of Hamilton County Job and Family Services (HCJFS), Central Clinic, and the Alcoholism Council.

Over 900 children and adolescents are served in out-of-home care (including 4 kids in residential foster care), an estimated 100 children are served by HOPE, and approximately 2,400 children and families are served by FAIR.

REVENUES AND EXPENDITURES

Program	Expenditures	Sources of Revenue	
		Levy	Other
Health Care Services			
Out of Home Care	\$30,644,976	\$30,644,976	
MCSA/Beech Acres - Choices Services (HOPE)	\$2,000,000	\$2,000,000	
Contribution to Mental Health (FAIR)	\$1,800,000	\$1,800,000	
Total Health Care Services	\$34,444,976	\$34,444,976	

Source: May 2011 Children's Services Levy Draft Final Report to the TLRC and April 2014 discussions with HC JFS staff.

MEDICAID AND ACA IMPACT

MEDICAID EXPANSION IMPACT

Since 98% of children currently involved with the Children's Services Division of HCJFS are Medicaid-eligible, the Expansion will have little impact on levy expenditures.

EXCHANGE IMPACT

Since 98% of children currently involved with the Children's Services Division of HCFJS are Medicaid-eligible, the Expansion will have little impact on levy expenditures.

MEDICAID SERVICE COVERAGE OPPORTUNITIES

Care Coordination through Medicaid Health Homes for Individuals with Chronic Conditions: The Health Homes provision of ACA provides states with a new benefit coverage mechanism to support care coordination and care management for Medicaid beneficiaries with complex health needs. The opportunity to improve quality and reduce fragmentation of care while leveraging an enhanced federal match (90% federal financial participation for the first eight quarters) was and continues to be a compelling model for many states looking to reengineer service delivery, better integrate care, improve health outcomes, and reduce costly and otherwise avoidable acute care utilization.

Ohio established Medicaid Health home services for individuals with serious and persistent mental health conditions in 2012. However, a fundamental drawback to the state's expansion of the service is the lack of funding necessary to enlist a sufficient number of providers willing to provide services at the state's payment rate. However, given that states electing to provide health home services are responsible for payment of only 10% of the nonfederal share for two years (before the nonfederal share amount resumes at 40%), the benefit remains a promising opportunity for Hamilton County to explore at some future point, particularly for funding of care coordination activities required as part of FAIR and HOPE, which are currently paid for with Children's Services Levy and other county funds.

The potential impact of implementing the Medicaid Health Home provision would yield a tax levy offset ranging from between \$2.3 million and \$3.4 million annually. Cost savings represent between 0.8% and 1.2% of all County health and human service levy funds. However, the effort required to pursue

Medicaid coverage for the service would be a significant multi-year undertaking and would likely best be pursued along with other Medicaid transformation initiatives.

POTENTIAL CHILDREN'S SERVICES LEVY SAVINGS RESULTING FROM LEVERAGING MEDICAID "HEALTH HOME" SERVICES							
			Using 100% of Total Spend to Draw Down Federal Revenue				
			Annual County Spending Under Levy	Annual County Spending at 90% FMAP (for 2 years)	Annual County Savings at 90% FMAP (available for reinvestment)	Annual County Spending at 60% FMAP (year 3 & beyond)	Annual County Savings at 60% FMAP (available for reinvestment)
Program Description	Target Population						
FAIR	Assessment, service referrals and care management of behavioral health needs of children and family members involved with Children's Services	HCJFS involved youth with behavioral health conditions	\$ 1,800,000	\$ 180,000	\$ 1,620,000	\$ 720,000	\$ 1,080,000
HOPE	Care coordination services funded by HCJFS, HCJC, HCDDS and MHRBS to reduce out-of-home long term placement	Multi-system involved youth	\$ 2,000,000	\$ 200,000	\$ 1,800,000	\$ 800,000	\$ 1,200,000
TOTAL SAVINGS					\$ 3,420,000		\$ 2,280,000

OBSERVATIONS AND RECOMMENDATIONS

The majority of the Children's Services Levy related to the provision of "health care" is for out-of-home services to the extent that providers deliver such services (e.g., treatment foster care, therapeutic foster care, residential group home, etc.) as part of the daily rate paid to those providers of these services. Many providers of out-of-home care can be Medicaid providers of community-based mental health and substance use disorder treatment (SUD) services. Medicaid does not reimburse the HCJFS-contracted placement entities for residential services (i.e., room and board). Room and board costs are necessarily and appropriately paid out of Levy and other federal (i.e., Title IV-E funds). However, residential services providers do receive Medicaid payment for the mental health and SUD treatment component associated with a child's residential placement.

All placement agencies are required to complete the Ohio Department of Job and Family Services (ODJFS) 2911, Title IV-E Single Cost Report. The 2911 is used by HCJFS to charge maintenance and administration costs to Title IV-E. The 2911 has historically required providers to include worksheets from cost reports related to the provision of Medicaid community mental health and SUD treatment services. In addition, HCJFS captures activities of placement agencies via time studies used by providers to determine costs of operations. Although the Ohio Department of Mental Health and Addiction Services (OMHAS) has indicated that Medicaid cost reports will be discontinued in the future, placement entities will still be required to isolate costs, since Medicaid mental health and SUD costs will not be Title IV-E eligible for claiming. Once OMHAS discontinues use of the Medicaid cost report, HCJFS will need to be diligent in monitoring the reports to ensure that there are no shifts in costs to local funds for services otherwise allowable to another funding source.

DEVELOPMENTAL DISABILITIES (DD) SERVICES LEVY – OPERATIONS AND FINANCIAL ANALYSIS

The Developmental Disabilities (DD) Services Levy is administered by the Hamilton County Developmental Disabilities Services (HCDDS) Division. The levy funds a range of health care and non-health care services.

ELIGIBILITY

Eligibility for HCDDS is based on the presence of a developmental delay or developmental disability as defined as:

- A severe and chronic disability having a significant impact
- A physical or mental impairment not solely due to mental illness
- A condition manifested prior to age 22
- A condition likely to continue indefinitely

MEDICAID DEVELOPMENTAL DISABILITY SERVICES

Ohio, like many states, utilizes Medicaid home- and community-based services (HCBS) waivers as the method for providing medically necessary services to individuals with developmental disabilities. The waivers are one of many options available to states to allow the provision of long term care services in home- and community-based settings for Medicaid children and adults. States can offer a variety of services under an HCBS Waiver. Waiver programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health, habilitation (both day and residential), and respite care services. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.⁹

OHIO MEDICAID WAIVERS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Ohio Medicaid administers the following HCBS Waivers for individuals with developmental disabilities:

- **Individual Options** - This waiver consists of adult day supports, day habilitation, environmental accessibility and adaptations, homemaker/personal care, personal emergency response system, informal and institutional respite, specialized medical equipment and supplies, supported employment (community and enclave), adaptive equipment, transportation, and vocational rehabilitation.

⁹ See 1915(c) Home & Community-Based Waivers at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>.

- **Level 1** - This waiver consists of homemaker/personal care, transportation, respite services, supported employment, environmental accessibility modifications, social work/counseling, nutrition services, interpreter services, home-delivered meals, adaptive and assistive equipment, day habilitation (adult day support), vocational habilitation, supported employment (community and enclave), supported employment, and adapted medical equipment. Local county boards of DD provide case management and services and supports administration.
- **Self-Empowered Life Funding (SELF)** - This waiver enables individuals with developmental disabilities to direct where and how they receive those services. A range of services are available under the waiver, including, support brokerage, community inclusion, integrated employment, functional behavioral assessment, clinical/therapeutic intervention, participant-directed goods and services, participant/family stability assistance, remote monitoring and equipment, residential and community respite, adult day supports, vocational habilitation, supported employment and non-medical transportation.
- **Transitions Waiver** - Some HCDDS clients are enrolled in the Transitions Waiver, a waiver serving clients transitioning from Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) to the community. This waiver is not funded by Levy funds but is funded from a separate appropriation allocated to DODD. The waiver was previously administered by Ohio Job and Family Services and transferred to counties in 2012.

Seventy-eight% of HCDDS' clients¹⁰ were Medicaid-eligible as of December 31, 2013. Not all Medicaid-eligible clients are enrolled in a Medicaid home and community based services (HCBS) waiver because there is a waiting list for enrollment.¹¹

LEVY FUNDING FOR WAIVER-LIKE HEALTH CARE AND OTHER SERVICES

Levy funds, when available, may be used to cover services that would otherwise be covered by Medicaid (such as adult day array services) when a client cannot access a HCBS waiver because there are no available slots, or he or she is awaiting completion of Medicaid eligibility and/or waiver eligibility determination, or he or she does not meet the eligibility requirements for enrollment into a HCBS waiver, which in most instances is the level-of-care requirement.¹²

Non health care services funded by the Levy include administrative costs, school and early intervention (EI) services, and residential subsidies. Health care services funded by the Levy include service

¹⁰ The term client is used throughout this report for consistency. However, HCDDS and the State of Ohio refer to eligible Hamilton County residents as individuals.

¹¹ There are over 44,000 people statewide waiting for waiver services in Ohio. In the last quarter of 2013, over 2,700 HCDDS clients were on the waiting list. Of these clients, 669 were enrolled in the Level 1 Waiver but had requested enrollment into the Individual Options (I/O) or SELF waivers, which offer more funding and cover more services than the Level 1 Waiver. 338 were receiving locally-funded services. About 1,700 were not enrolled in a waiver or receiving locally-funded services.

¹² A few individuals prefer to pay an amount equivalent to the approximately 60 % federal share rather than be enrolled in a Medicaid waiver. In addition, a few individuals receiving levy-funded adult array services have not yet begun the process to transition to the waiver.

facilitation (case management); adult day array services;¹³ and services provided through three Medicaid home- and community-based services (HCBS) waiver programs that enroll clients with a developmental disability. Levy funds are used as the local match to draw down federal matching funds (also known as federal Financial Participation or FFP) to cover the cost of the services billed by waiver providers.

Levy funds are also used to cover “Other Waiver-Like Services,” which include services that are similar to waiver services and so can be considered health care services. A small portion are non-health care services, such as supplemental room and board payments that are needed to supplement what is provided to HCDDS by the state for room and board.

COVERED SERVICES

As of May 2014, there were about 6,800 clients eligible for services, but not all clients are receiving services. The covered services are the following:

- Case Management (Service Facilitation) – Case management (service facilitation [SF]) is a required service for all clients enrolled in one of the state’s four HCBS waivers for persons with developmental disabilities (DD) and is optional for non-waiver clients.
- Adult Day Array Services – Adult day array services, which include adult day support, vocational habilitation and supported employment services, are covered waiver services and also available to clients not enrolled in the waivers.
- Home and Community-Based Services (HCBS) Waivers – Three HCBS Waivers, the Level 1 Waiver, I/O waiver and SELF Waiver, are administered at the local level by HCDDS, and Levy funds are used as Medicaid matching funds. The matching funds are transferred to the Southwestern Ohio Council of Governments (SWOCOG), which collects matching funds from the other three member counties and sends them to the state.
- Early Intervention Services – Early intervention services consist of service coordination, nursing services, therapies, and psychology services provided by a multidisciplinary team to expectant parents and to children from birth to three years of age who have a developmental delay or are at risk for a developmental delay. Early intervention services are funded by Department of Health and DD Levy funds.
- School Services – HCDDS operates and funds two schools for students with significant disabilities and provides experienced agency staff for satellite programs and as support teams to local schools. School services for students with disabilities also include nursing services, therapies, and mental health services.

¹³ Adult day array services are classified as health care services because these services are also available through one or more of the Medicaid HCBS waivers.

- Family Support Services – Families may receive up to \$500 a year, plus an additional \$250 a year for each additional family member with a disability, to purchase respite care, adaptive equipment, counseling/training, home modifications, special diets, and other approved requests. To qualify for the funding, families must be ineligible for other programs including the Medicaid waivers. Funding is provided from the Levy and from DODD Family support services and are available subject to subject to the availability of state and federal funds.
- Other Waiver-Like Services – This category includes some services that are similar to waiver services and so can be considered health care services, as well as some services or payments that are not covered under the waiver, primarily supplemental room and board payments that are not reimbursable by Medicaid. These services are funded by Levy funds and by DODD subsidies for room and board payments in licensed homes.

ADMINISTRATIVE SERVICES

Counties are required to provide specific Medicaid-related administrative services as authorized by DODD to county residents with a DD. These services include eligibility assessments and evaluations; recommendations concerning a client’s application for services; Medicaid services; and quality assurance activities, including monitoring services and the client’s health, safety, and welfare and unusual incident investigations.¹⁴ The county is also responsible for paying the non-federal share for Medicaid case management and home- and community-based services expenditures for HCDDS clients. Counties are also responsible for performing similar administrative activities for non-Medicaid services, including establishing budgets for non-Medicaid services based on clients’ assessed needs and helping clients select providers.

REVENUE AND EXPENDITURES

HCDDS’ revenue and expenditures include a complex mix of local (Levy), Medicaid, DODD, and other funding sources. HCDDS had revenue from all sources of \$115 million in 2012. Expenditures for health care services were \$100.2 million or 87 percent of revenue.

HCDDS Revenue and Expenditures 2012 (Calendar Year Actual) ¹⁵				
Health Care Services	Expenditures	Sources of Revenue		
		Medicaid	Levy	Other
Case Management (Service Facilitation)	\$9,163,212	\$7,415,428	\$1,747,784	
HCBS Waiver COG (Local Match Funds)	\$33,308,677		\$33,308,677	
School Services	\$13,333,730		\$4,912,463	\$8,421,267

¹⁴ Ohio Revised Code 5126.055

¹⁵ Medicaid matching funds for the HCBS waiver are reconciled on a State Fiscal Year (SFY) basis about 18 months after the end of the period but are paid in advance based on an estimate. HCDDS reports county fund expenditures on a calendar year basis. The final reconciled HCBS waiver matching fund amount for SFY 2012 (7/1/11 to 6/30/12) was \$25.6 million and will be about \$35.5 million for SFY 2013. The expenditures in table 2 are for CY 2012.

HCDDS Revenue and Expenditures 2012 (Calendar Year Actual) ¹⁵				
Health Care Services	Expenditures	Sources of Revenue		
		Medicaid	Levy	Other
Adult Day Array Services	\$33,996,001	\$5,932,705	\$23,930,136	\$4,133,160
Other Waiver-Like Services	\$4,912,854		\$3,954,255	\$958,599
Early Intervention	\$4,862,103		\$3,945,416	\$916,687
Family Support	\$639,741		\$219,980	\$419,761
Total Health Care Services	\$100,216,318	\$13,348,133	\$72,018,711	\$14,849,474

Note that in the table above (HCDDS Revenue and Expenditures 2012) spending for adult day array services appears to exceed the spending for HCBS waiver services. However, the spending for waiver services represents the required matching funds HCDDS contributes toward the cost of waiver services. The State uses the HCDDS matching funds to claim (or draw down) the federal matching payment. The combination of HCDDS funds and Federal matching funds totaled \$118.5 million in SFY 2012 for waiver services provided to Hamilton County residents. Waiver services expenditures (HCDDS plus Federal matching funds) will total about \$126.7 million in SFY 2013.

A portion of revenues and expenditures are subject to cost-settlement by DODD, which takes up to 2 years. HCBS waiver services are reported on a SFY basis while HCDDS funds are reported on a CY basis. In addition, cost reports capture expenditures and revenues in categories that blend administrative services with health care services. In order to generate the table above, HCDDS reallocated administrative funds to generate a breakdown of health care expenditures for this report. This process provides a reasonably accurate representation of health care revenues and expenditures but is not an exact reflection of revenues and expenditures for health care services for all of the reasons discussed above.

HCDDS - Sources of "Other Funds" and Vendors/Providers		
Program/ Service	Sources of Other Funds	Vendor(s)/Provider(s)
Service Facilitation (CM)	NA	HCDDS
HCBS Waiver	NA	HCDDS - funds transfer to SWOCOG
School Services	Department of Education, school districts	HCDDS, DOE/school districts
Adult Day Array Services	DODD, payment from ICFs/DD	47 contracted providers (2013)
Other Waiver-Like Services	DODD subsidy	52 contracted providers (2013)
Early Intervention	Ohio Department of Health	HCDDS, Lighthouse Youth Services
Family Support	DODD	HCDDS - funds transfer to SWOCOG

Source: HCDDS.

HCDDS has established a budget of \$104.6 million for 2014.

POTENTIAL IMPACT OF ACA

MEDICAID EXPANSION IMPACT

Children in families with an income greater than the Medicaid expansion limit of 138% FPL are Medicaid-eligible under the preexisting Medicaid income limits, as are pregnant women. Parents of minor children

are eligible under the pre-expansion income limit of 90% of FPL. Some clients with DD who meet the HCBS waiver requirements but who have higher incomes can become Medicaid-eligible through a provision for a special coverage group for waiver enrollees. This group may have incomes up to about 222% of FPL, but this eligibility pathway is available only if there is a waiver slot open for the client.

Medicaid expansion will provide access to Medicaid for Hamilton County adult residents who have incomes up to 138% of the FPL, who are under 65 years of age, who are not already enrolled in Medicaid, and who are not eligible for Medicare Parts A or B. Clients 65 years and older are ineligible for the Medicaid expansion, as are clients eligible for Medicare Parts A or B.¹⁶ Therefore, a portion of the 22% of HCDDS clients not eligible for Medicaid previously will gain access under expansion. Data is not available to estimate the number of clients who will be covered. However, access to Medicaid does not provide access to HCBS waiver services, which are the services most needed to support clients at home and in the community.

Ohio's Medicaid expansion benefit package is equivalent to the Medicaid state plan (or "regular" Medicaid) benefit package and does not cover the most frequently needed additional Medicaid services, such as service facilitation for persons with DD or HCBS waiver services. It does cover ICF/DD services. Because so few persons with a DD are ineligible for Medicaid, and because the services covered in the expansion benefit package are limited, the expansion will have nominal if any impact on Levy expenditures.

EXCHANGE IMPACT

Purchase of health insurance on the Exchange will have little to no impact on the Levy expenditures. The Ohio Exchange benefit package must conform to the Community Insurance Company (Anthem Blue Cross Blue Shield) Blue Access PPO benefit package. This benefit package does not cover service facilitation for persons with DD, waiver-like services or ICF/DD services.

OBSERVATIONS AND RECOMMENDATIONS

Hamilton County Developmental Disabilities Services (HCDDS) administers and delivers a range of health care, educational and other supportive services, many of which are mandated responsibilities. HCDDS has over the last several years, reduced expenditures through operational efficiencies and taken action to maximize the use of local dollars. They continue to work on cost-sharing across programs and agencies for shared services (such as educational programs) and to move as many clients into the waivers as possible when it is cost-effective to do so. HCDDS should continue these efforts and intends to do so.

¹⁶ Medicare Part A in general covers hospital care, skilled nursing facility care, nursing home care (excluding custodial care), hospice and home health services. Medicare Part B covers medical care such as physician services and medical equipment.

FAMILY SERVICES AND TREATMENT LEVY – OPERATIONS AND FINANCIAL ANALYSIS**ELIGIBILITY**

The Family Services and Treatment Levy provides public support for programs aimed at funding alternatives to incarceration that educate, rehabilitate, and re-train offenders who have alcohol and drug addiction and mental illness associated with criminal behaviors. The levy also supports community-based anti-drug programs.

SERVICES

Programs funded by this levy are broken down into three basic groups: services provided by the Talbert House (a nonprofit health care services and supports provider), county-operated services, and services newly covered in 2010.

1. Health care services and supports provided by the Talbert House:
 - Residential Treatment Programs for Incarcerated Offenders (1617 Reading Road): Jail-based treatment for men and women offenders.
 - Turning Point: Provides screening and intake, assessment, pre-treatment, treatment services, transitional, and aftercare services.
 - 10-day DUI Program: Residential rehabilitation services.
 - Residential Transitional Housing.
 - ADAPT (Drug Court): Residential/outpatient services for men and women with felony drug-driven offenses [*Paid through the Indigent Care Services Levy*].
2. Hamilton County operated programs, including Prison Reentry Programs, the Sheriff's Office, Probation and Municipal Court.
3. New programs funded in 2010 include: Off the Streets Program, Drug Free Communities Program and Treatment Court Staff Program.

REVENUES AND EXPENDITURES

Program	(Per 2011 Contract Amounts)	Expenditures	Sources of Revenue	
			FST Levy	Other Levy
Health Care Services				
Talbert House Programs				
Turning Point		\$787,236	\$787,236	
10-Day DUI Program		\$177,107	\$177,107	
Men's Extended Program (MET) / Women's Rewards		\$2,546,652	\$2,546,652	*\$173,237

Program (Per 2011 Contract Amounts)	Expenditures	Sources of Revenue	
		FST Levy	Other Levy
Jail Intervention (RJI)			
Family Services & Treatment Levy For Drug Court**	**	**	
ADAPT for Men/ADAPT Outpatient			
ADAPT for Women			
Total Levy funds to Talbert House for Health Care Services	\$ 3,510,995	\$3,510,995	\$173,237

*Green text indicates payment for additional RJI beds through the Indigent Care Levy and paid directly by the Hamilton County Board of Commissioners. Included here only to reflect health care services purchased with county levy funds and paid to Talbert House.

**Blue text indicates payment for services through the Family Services treatment Levy paid by MHR SB under contract with Talbert House totaling \$2,007,920. [SOURCE - Attachment A: MHR SB Contract with Talbert House from July 1, 2013 through December 31, 2014]

MEDICAID AND ACA IMPACT

MEDICAID EXPANSION IMPACT

Clients served by ADAPT may be eligible for coverage through the Medicaid Expansion. However, the setting in which the majority of services are provided would be considered an institution for mental diseases (IMD). Medicaid does not reimburse for services provided to inmates and other populations residing in "institutions" (i.e., adults age 22-64 residing in Institutions for mental diseases). However, inmates in a jail or prison (including children in juvenile detention) remain eligible for Medicaid coverage for "inpatient services," described as medical services provided through a hospital or long-term care facility for a period longer than 24 hours.

Service provided to inmates (i.e., those made available under Turning Point and Extended and Rewards Jail Intervention Treatment Program) are also not covered by Medicaid (except for offsite hospitalization or nursing facility care for durations of 24 or more hours for Medicaid-eligible individuals).

However, language in the ACA describing Qualified Health Plans in the Exchange may provide an opportunity for coverage of pre-adjudicated inmates. Specifically the ACA defines an incarcerated individual (i.e., one no longer eligible for health services paid through their Exchange plan) as "...an individual [who] is incarcerated, other than incarcerated pending disposition of charges." This suggests that someone with existing Exchange coverage could conceivably have some of their health services paid through their Exchange plan. This opportunity may be limited to pharmacy services (where drugs could be accessed through a network pharmacy) or perhaps through an off-site provider in an Exchange plan's network.

It is not likely that many of those pre-adjudicated would be enrolled in an Exchange plan, and even if they are, meaningful savings may only be achievable if they are accessing extremely high-cost off site medical or pharmacy services. Nonetheless, the opportunity should be at least examined.

EXCHANGE IMPACT

While the Exchange offers coverage for a myriad of services, several residential and other behavioral health services remain excluded.¹⁷

OBSERVATIONS AND RECOMMENDATIONS

Documentation supplied to the County to process invoices submitted by Talbert House only requires invoice date, Invoice number, month, name of Talbert House program, running expense list and program balance, number of clients served. Hamilton County may want to consider instituting stronger oversight, monitoring and reporting mechanisms, particularly for purchase of service contracts.

Health coverage purchased through a Health Insurance Exchange is still accessible to those who are in jail custody but not yet adjudicated. The County should consider adopting policies and processes to

Identify the insurance status of those entering custody. The County should also pursue billing private health insurance carriers for some health services (e.g., pharmacy).

Many ex-offenders released from Hamilton County jail will likely be newly eligible for Medicaid through the ACA expansion. Many of these persons will have mental health or SUD problems. The County should also explore development or strengthening of processes to link mentally ill or those who abuse substances to providers upon release as a strategy to reduce recidivism.

HEALTH AND HOSPITALIZATION INDIGENT CARE LEVY – OPERATIONS AND FINANCIAL ANALYSIS

The Health and Hospitalization Indigent Care Levy (HHICL) levy provides funds for medically indigent county residents at University Hospital, Children’s Hospital, and certain indigent care programs. The levy aims to focus on prevention of illness and disease and coordination of medical care and funds a number of unique health care programs. For purposes of this report, the HHICL is described in two sections under Non-Hospital Levy Services and Hospital Levy Services.

¹⁷ Exclusions contained in the Ohio Essential Health Benefit Benchmark Plan template are: Custodial or Domiciliary Care. Supervised living or halfway houses. Residential treatment centers. Room and board charges unless the treatment provided meets Medical Necessity criteria for Inpatient admission patient’s condition. Services or care provided or billed by a school, halfway house, Custodial Care center for the developmentally disabled or outward bound programs, even if psychotherapy is included. Services related to non-compliance of care if the Member ends treatment for Substance Abuse against the medical advice of the Provider. Residential Treatment (individualized and intensive treatment in a residential setting, including observation and assessment by a psychiatrist weekly or more frequently, an individualized program of rehabilitation, therapy, education, and recreational or social activities); care provided or billed by residential treatment centers or facilities, unless those centers or facilities are required to be covered under state law; residential programs for drug and alcohol; marital and sexual counseling/ therapy; and wilderness camps. Available at <http://www.insurance.ohio.gov/Company/Documents/Final-EHBBenchmarkTemplate.pdf>

ELIGIBILITY

Hamilton County residents who are at or below the federal poverty level (FPL) and who are ineligible for Medicaid are eligible for indigent care levy-funded services. In addition, each levy-funded program may establish criteria for persons to receive services.

NON-HOSPITAL SERVICES – INDIGENT CARE LEVY

SERVICES

1. **Inmate Medical** – Since December 2012, the Hamilton County Board of Commissioners has contracted with NaphCare, Inc., for the provision of comprehensive, onsite medical services for inmates under the custody and control of the Hamilton County Sheriff's Office (HCSO) at the Hamilton County Justice Center, Turning Point, and the Reading Road Facility. NaphCare was awarded the contract through a competitive procurement to provide screening, health appraisal/physical, nursing services, triage, diagnosis and treatment, onsite hospital care,¹⁸ emergency services, specialty services, emergency services, ancillary services, mental health services, dental care, pharmaceuticals, over-the-counter medications, health education/training and detoxification services.
2. **Extended Detoxification Program** – Hamilton County's Mental Health and Recovery Services Board receives funding from the levy to purchase alcohol and drug abuse services. The Board contracts with and distributes payments to provider agencies.
3. **Juvenile Court Medical Expenses** - In Hamilton County, the cost of medical services associated with the Juvenile Court is funded by proceeds from the Indigent Care Levy. The purpose of the levy is to supplement the general fund appropriations of Hamilton County, Ohio, and to provide health and hospitalization services, including at University Hospital. Medical services are provided at two separate locations: The Youth Center, a 200-youth capacity, short-term juvenile detention center located in downtown Cincinnati, and Hillcrest Training School, which has a capacity of 142 correctional/treatment beds on 88 acres in Springfield Township. The Hillcrest school was transferred to private control in 2012.
4. **Tuberculosis Control** – Hamilton County is mandated to provide TB control and treatment. According to Ohio law, counties are the payers of last resort. However, a large percentage of people infected with TB are indigent, and many of the public health services associated with TB are neither reimbursed by Medicaid nor covered by private third-party insurance benefits. In April 2008, Hamilton County Commissioners contracted with the Hamilton County Public Health Division of Disease Prevention, to administer the TB Control and the Communicable Disease Program services

¹⁸ Offsite hospitalization services provided to inmates at the University of Cincinnati Medical Center are not paid through the NaphCare contract. Payments to UC Medical Center for inmate hospitalization are assumed to be offset by funding provided to the hospital collected through the Indigent Care Levy program.

for County residents. The TB Control Program’s purpose is to provide comprehensive services to identify, treat, control, report, and eliminate TB in Hamilton County.

5. **Alternative Interventions for Women** – The Alternative Interventions for Women Program is designed to assist women involved with the criminal justice system who have co-occurring mental health and substance abuse disorders move toward recovery and reintegration into the community. Treatment services for the AIW program are provided by Central Clinic/Court Clinic. The entire program is a partnership of the Department of Pretrial Services, the Hamilton County Probation Department, and the Hamilton County Treatment Alternatives to Street Crime (TASC).
6. **Residential Treatment Program** – The Residential Treatment Program provides chemical dependency treatment to adult inmate misdemeanor and felony offenders. Services include programming for sentenced offenders (Rewards Jail Intervention Program for women and the men’s Extended Treatment Program.). Funding for services is through the Family Services Treatment Levy and the Indigent Care Levy. The Municipal Court administers the majority of services provided through the Residential Treatment Program. The Probation Department administers and pays for women participating in the 10-Day DUI Program. Services provided include continuing care, chemical dependency/alcohol and other drug assessment, substance abuse education, individual, group and family counseling, self-help recovery groups, vocational/employment assistance, GED preparation assistance, case management, assaultive and criminality behavioral modification, life skills development, relapse prevention nutrition, and health services. The program services are provided by contract with Talbert House.
7. **Probate Court Medical** – The Hamilton County Probate Court incurs expenses related to mental illness or developmental disability hearings for individuals who are indigent and alleged to have incompetency issues; these services are partially funded by the Indigent Care Levy. Health care related fees include payments for medical services paid to outside vendors for the Probate Court Civil Commitment program. The Probate Court receives partial reimbursement from the Ohio Department of Mental Health, as well.
8. **St. Vincent de Paul Charitable Pharmacy** – St. Vincent de Paul Charitable Pharmacy (“SVDP”) provides free pharmaceutical care to uninsured individuals or those unable to afford their medication. SVDP serves as the payer of last resort for those who do not qualify for other programs or are unable to pay for discounted medication, helping to avoid unnecessary emergency room visits for prescription refills. SVDP provides basic wellness screenings such as blood pressure and blood sugar tests, in addition to filling prescriptions for its clients, many of whom have chronic medical conditions such as heart disease or diabetes.

REVENUES AND EXPENDITURES			
Program (Budgeted 2014)	Expenditures	Sources of Revenue	
		Levy	Other
Health Care Services			
Inmate Medical (Direct Medical Care)	\$ 6 ,501,290	\$ 6 ,501,290	

Program (Budgeted 2014)	Expenditures	Sources of Revenue	
		Levy	Other
Hospital	+	+	
Extended Detox Program	\$ 2,484,549	\$ 2,484,549	
Juvenile Court Medical Expenses	\$ 1,347,977	\$ 1,347,977	
Tuberculosis Control (Clinic)	\$ 933,250	\$ 933,250	
Alternative Interventions for Women**	\$ 425,000	\$ 425,000	
Residential Treatment Program (1617 Reading Road)	\$ 396,392	\$ 396,392	
Probate Court Medical	\$ 1,525,000	\$ 1,525,000	
St. Vincent de Paul Charitable Rx	\$ 150,000	\$ 150,000	
Total	\$13,763,458	\$13,763,458	

+ These services are not directly reimbursed but the cost of inmate health services are assumed to be offset by funding provided to the hospital collected through the Indigent Care Levy program.

**A FY 2014 Court Clinic contract monitor budget summary supplied by Central Clinic identifies \$425,000 in funding to the Court Clinic for AIW treatment services. The document also identifies a New Request of \$200,000 - \$250,000 for Alternative Interventions for Men to be funded out of the Indigent Care Levy.

MEDICAID AND ACA IMPACT

MEDICAID EXPANSION IMPACT

- The adult populations receiving services under levy-funded programs may be eligible for the expansion consistent with estimates described earlier in this report.
- Medicaid does not reimburse for services provided to inmates and other populations residing in “institutions” (i.e., adults age 22-64 residing in Institutions for mental diseases). However, inmates in a jail or prison (including children in juvenile detention) remain eligible for Medicaid coverage for “inpatient services,” described as medical services provided through a hospital or long-term care facility for a period longer than 24 hours.
- However, language in the ACA describing Qualified Health Plans in the Exchange may provide an opportunity for coverage of pre-adjudicated inmates. Specifically the ACA defines an incarcerated individual (i.e., one no longer eligible for health services paid through their Exchange plan) as “...an individual [who] is incarcerated, other than incarcerated pending disposition of charges”. This suggests that someone with existing Exchange coverage could conceivably have some of their health services paid through their Exchange plan. This opportunity may be limited to pharmacy services (where drugs could be accessed through a network pharmacy) or perhaps through an off-site provider in an Exchange plan’s network. It is not likely that many of those pre-adjudicated would be enrolled in an Exchange plan, and even if they are, meaningful savings may only be achievable if they are accessing extremely high-cost off site medical or pharmacy services. Nonetheless, the opportunity should be at least examined.
- Hamilton County provides \$6.5 million through the indigent care levy to support physical health services provided to inmates at the Hamilton County jail. Through the expansion of Medicaid eligibility authorized in the Affordable Care Act, a high percentage of those in jails and prisons will

become income eligible for Medicaid. Inmates of prisons and jails can be enrolled in a Medicaid program but health services provide to individuals housed in a public institution are not eligible for Federal Medicaid funding with one significant exception. Inpatient services, defined as services provided at an off-site hospital or long-term care facility for a period of greater than 24 hours, provided to Medicaid-eligible inmates can be funded with Federal Medicaid dollars.

- While Federal Medicaid funding can be accessed to offset the cost of inpatient services provided to Hamilton County Jail inmates, the county will not realize a budget-savings unless a corresponding change in how Non-Hospital Indigent Care Levy funding is allocated to University Hospital for inmate inpatient health services. Roughly \$1.0 million in inmate inpatient health services are provided on behalf of the Hamilton County Jail at this point.

EXCHANGE IMPACT

- While the Exchange offers coverage for a myriad of services, several residential and other behavioral health services remain excluded.¹⁹

MEDICAID SERVICE COVERAGE OPPORTUNITIES

- **Inmate Medical, Alternative Interventions for Women, 1617 Reading Road, and Juvenile Court Medical Expenses:** Inmates in a jail or prison (including children in juvenile detention) remain eligible for Medicaid coverage for “inpatient services,” described as medical services provided through a hospital or long-term care facility for a period longer than 24 hours.
- **Extended Detox Program:** The expansion may provide additional coverage for some substance use disorder treatment services (e.g., assessment, counseling); however, residential room and board services and other services typically not covered by Medicaid would not be reimbursable under Medicaid (e.g., recovery groups [AA], vocational assistance, GED preparation assistance).
- **Tuberculosis Clinic:** TB prevention and control services are mandated public health activities though payment for services provided to individuals with insurance (particularly for prescription drugs that may be dispensed through the clinic’s pharmacy). Data collected by the Public Health Department reveals that a significant majority of clinic users are uninsured. Those with insurance reported coverage under Medicaid, Medicare, Private Blue Cross/Blue Shield, Humana, United Healthcare, and other private insurance. The Medicaid expansion may create new coverage opportunities for pharmacy services.
- **Probate Court Medical:** Psychiatric and other mental health services provided as part of civil commitment proceedings are partially supported by OMHAS. In addition, mental health providers may receive payments from Medicaid for covered mental health services. Health care fees paid to physicians (totaling approximately \$141,000 annually) would not be reimbursable under Medicaid or

¹⁹ Ibid.

other insurance since the services are to determine whether an individual is a danger to him/herself or others and are not for purposes of rendering a diagnosis for treatment.

- **Charitable Pharmacy:** The Medicaid expansion may create new coverage opportunities for pharmacy services.

OBSERVATIONS AND RECOMMENDATIONS

- NaphCare is provided a fixed amount of funding, with some limited risk sharing, to administer inmate health services for Hamilton County. This contract structure, where the vendor has limited financial risk for inmate services and where the vendor is not financially responsible for off-site medical services, requires strong documentation from the vendor on how they manage health services provided to inmates and vigilance from the County in reviewing NaphCare’s procedures in providing inmate health services. Discussions with staff at the Sheriff’s Office suggested that the County is comfortable with NaphCare’s documentation and reporting and provides sufficient oversight of funding provided for inmate health services.
- Facilitating timely access to Medicaid eligibility post-release/discharge from non-covered settings is within the best interest of Hamilton County to ensure continuity of care and reduce the likelihood of an individual’s continued reliance on the Indigent Care Levy. To illustrate, based on conservation assumptions, we estimate that County cost savings resulting from more rapid access to certain Medicaid mental health and substance use disorder (SUD) services could yield roughly \$290,000 annually in reduced levy expenditures.

	Total Treatment Beds	Levy Funded Treatment Beds	Levy Funded as % of Total Tx Beds	Percent Inmates Medicaid Eligible	Total Months		Average monthly discharges		Avg Monthly Adult MH Costs (MH Levy)	Avg Monthly Adult SUD Costs (MH Levy)	Avg Monthly Adult MH Costs (Medicaid)	Avg Monthly Adult SUD Costs (Medicaid)
					to Process Medicaid Eligibility Post-Release	Percent with Co-Occurring MH/SUD						
Turning Point (Men) / FSTL	34	34	100%	80%	3	30%	18	\$ 2,141.28	\$ 982.56	\$2,141.28	\$ 982.56	
Turning Point 10 day	16	16	100%	80%	3	30%	16	N/A				
Extended Treatment Program* (Men) / FSTL & HHICL	56	56	100%	80%	3	30%	42	\$ 2,141.28	\$ 982.56	\$2,141.28	\$ 982.56	
Rewards Jail Intervention* (Women) / HHICL	46	46	100%	80%	3	30%	28	\$ 2,141.28	\$ 982.56	\$2,141.28	\$ 982.56	

	Total Est. Medicaid MH Only or SUD only Eligibles	Total Est. Medicaid MH/SUD Eligibles	Estimated number of clients continuing treatment (35%)	Avg MH Levy Costs Until Medicaid Eligibility	Avg SUD Levy Costs Until Medicaid Eligibility	Total Annual Estimated Levy Savings**
Extended Treatment Program (Men) / FSTL & HHICL	31	13	14.70	\$ 94,430	\$ 43,331	\$ 137,761
1617 Reading Road (Women) / HHICL	26	11	9.80	\$ 62,954	\$ 28,887	\$ 91,841
TOTAL ANNUAL LEVY SAVINGS						\$ 288,643

* a.k.a. 1617 Reading Road
 ** HHIC Levy funding does not cover the ongoing care for individuals leaving Talbert House facilities

HOSPITAL SERVICES - INDIGENT CARE LEVY

Two hospitals, University of Cincinnati Medical Center (UCMC) and Cincinnati Children’s Hospital Medical Center (CCHMC), are the recipients of conditional payments from the Health and Hospitalization Levy.

The current Levy was approved by the voters in November 2011 for a three-year period ending December 31, 2014. In total, over \$40 million of revenue per year is generated from the Levy. The BOCC initially allocated \$26.1 million per year to be paid to the two Hospitals (\$20.9 million to UCMC and \$5.2 million to CCHMC), and the remainder was allocated to support other County indigent care programs.

In November 2013, the BOCC modified the intended use of the Levy proceeds for the third and final year of the current levy period. A transfer of approximately \$6.65 million of Probate Court and Sheriff's Department costs from the General Fund to the Indigent Care Levy Fund was approved. To partially offset this transfer, the fixed payment of Levy funds to UCMC was reduced by \$6.0 million, to \$14.9 million for 2014.

In addition, the BOCC agreed to a provision whereby any uncommitted tax levy proceeds remaining in the Levy fund at the end of the current levy cycle, including any such remaining tax levy proceeds which may result from federal health care reform reimbursements to the County of medical expenses for individuals housed at the Hamilton County Justice Center and the Hamilton County Youth Center to the extent such federal proceeds reduce 2014 expenses for such costs budgeted from Tax Levy proceeds. Any additional distribution to UCMC pursuant to this paragraph cannot cause the distribution to UCMC from the County in 2014 to be more than \$20,900,000.

A summary of the actual and projected payments to the Hospitals from the current Levy follows:

Levy Payments to Hospitals (based on Levy Year, not Year Disbursed)			
	Actual 2012	Actual 2013	Projected 2014
University of Cincinnati Medical Center:			
Base payments	\$ 20,900,000	\$ 20,900,000	\$ 14,900,000
Additional distribution of fund balance	\$ 0	\$ 0	TBD
<i>Total UCMC</i>	<u>\$ 20,900,000</u>	<u>\$ 20,900,000</u>	<u>\$ 14,900,000</u>
Cincinnati Children's Hospital Medical Center	<u>\$ 5,200,000</u>	<u>\$ 5,200,000</u>	<u>\$ 5,200,000</u>
<i>Total direct payments to hospitals, before additional distribution</i>	<u>\$ 26,100,000</u>	<u>\$ 26,100,000</u>	<u>\$ 20,100,000</u>

The additional distribution of fund balance will not be known until the end of the year, but a recent projection from County officials is that will be between \$4 million and \$5 million.

The payments are conditioned on the Hospitals meeting the provisions of a contract between the County and Hospitals. The most significant provision is a financial test referred to as the Services test. Each Hospital is required to provide "Services to Eligible Individuals" annually in an amount that is at least equal to the Levy payments made in each year. Services to Eligible Individuals are essentially the costs of hospital inpatient and outpatient care rendered to medically indigent Hamilton County residents for which the Hospital receives no payment. In 2013, both Hospitals met this requirement, as follows:

Services Compared to Levy Payments, 2013		
	UCMC	CCHMC
Total Cost of Services, as defined	\$ 54,403,970	\$5,671,455
Levy Payments Received	\$ 20,900,000	\$ 5,200,000
Services in Excess of Payments	\$ 33,503,970	\$ 471,455

As shown above, UCMC met the Services test easily, while CCHMC's cost of Services barely exceeded the minimum. The primary reason is that CCHMC's patient population is substantially all children, where the numbers of uninsured are low in comparison to adults.

IMPACT OF THE ACA

The most important impact of the ACA is the opportunity to significantly reduce the number of uninsured residents. This is to be accomplished through two vehicles, Medicaid expansion and Health Insurance Exchanges.

MEDICAID EXPANSION

The ACA, as originally passed, required each state to expand Medicaid eligibility to adult citizens over 18 years old with household income of 138% of poverty or less. However, the Supreme Court ruled in June 2012 that the Medicaid expansion could not be required by the federal government. Instead each state was given the option. In October 2013, Ohio elected to move forward with Medicaid expansion. The full cost of the expansion is initially funded at 100% by the federal government. Beginning in 2017, the federal match decreases on a phased-in manner to 90% by 2020. This federal match rate far exceeds the match rate for pre-ACA coverage (which is 63% in Ohio).

Prior to the ACA, Medicaid eligibility was typically limited to children from low-income families, persons with disabilities, low-income pregnant women, and the aged poor (who receive most of their medical care coverage from Medicare). The CHIP program provided additional coverage to children in families with income up to 200% of poverty, and many states (including Ohio) provided additional coverage to small groups of non-disabled, non-aged adults. However, most low-income adults were not eligible, which was the most important reason for high levels of uninsured residents.

The State of Ohio has implemented the ACA-authorized Medicaid expansion and has been enrolling income-eligible residents as of January 1, 2014.

HEALTH INSURANCE EXCHANGES AND TAX CREDIT SUBSIDIES

Persons with income levels between 138% and 400% of poverty will be able to purchase subsidized private insurance purchased through a new online insurance marketplace for individuals, referred to as the Health Insurance Exchange. States had the option to create their own Exchange or use a version established by the federal government (Ohio chose the latter). Even under a federally operated Exchange, the plans offered are state-specific (though they must cover "essential services" as outlined in the ACA legislation). To create additional incentives for the uninsured to acquire health insurance, all

persons will face financial penalties if they elect not to enroll or purchase insurance. Those who cannot demonstrate “qualifying” insurance coverage will be subject to an income tax penalty. Also, employers with over 50 employees will face penalties if they do not offer insurance to their eligible employees (although implementation of this provision has been temporarily postponed).

These new policies will expand coverage to millions of Americans. However, according to the latest predictions of the Congressional Budget Office (CBO), there will be 29 million U.S. residents remaining uninsured after ACA implementation.²⁰ There are many reasons cited for this result:

- Many states deciding to not expand Medicaid.
- Undocumented immigrants and others who do not meet the residency requirements of the law are ineligible for Medicaid and subsidized Exchange coverage.
- Those who decide it is less expensive to pay the penalty than to buy insurance, and are willing to risk that they will not incur a large health expense.
- Lack of awareness, understanding, or cooperation.
- Those who object to government support and refuse on principle to buy coverage.

IMPACT OF OTHER PROVISIONS

Some provisions of the ACA will yield financial benefits to hospitals, but these gains will be somewhat offset by some of the additional taxes and federal spending reductions that Congress included in the ACA in an attempt to make the ACA budget-neutral.

- The Medicare program is undergoing annual reductions that started in 2011 and those reductions will continue until 2019. Many of the reductions target hospitals. The two most significant reductions are: 1) Hospital rate updates are being reduced by approximately 1% per year, accumulating to an 11% reduction over nine years. 2) Beginning in 2013, Medicare DSH payments are being phased down by an estimated 60% to coincide with the expected drop in the level of the uninsured.
- Medicaid DSH allotments are being reduced by \$18 billion over a multi-year period, starting in 2016. At its highest annual level, the cut will be nearly 50% of Medicaid DSH. This is likely to cause significant reductions in Ohio’s HCAP payments.

ESTIMATED IMPACT ON UCMC AND CCHMC

The ACA will have a much more material effect on UCMC than on CCHMC. For UCMC, 6.8% of its fiscal year 2013 expenses were for charity care, compared to 1.3% of 2013 expenses for CCHMC.

²⁰ Information is derived from a report entitled “Updated Estimates of the Effects of the Insurance Coverage Provisions of the Affordable Care Act”, April 2014 from the Congressional Budget Office.

UCMC

The Hospital can expect to see a large reduction in its uninsured patient population. Whether the reduction is more or less than the 55% forecasted in the table above is in question. One factor that could cause the ultimate reduction to be larger: a person who has no urgent need to access health care may be less inclined to enroll in Medicaid or sign up for Exchange coverage than a person presenting to a hospital with a serious illness or injury. As most of a hospital's services (based on cost, not quantity) are patients with serious illness or injury, there is a reasonable potential that UCMC will ultimately experience a larger reduction of its charity care than the estimates of the reduction in the uninsured.

Conversely, UCMC has a large Medicare population and receives a significant amount of HCAP payment. As a result, UCMC will experience a significant decrease in reimbursement from the "deficit reduction" provisions of the ACA.

HMA estimated the impact on UCMC of the ACA coverage expansions and the Medicare and Medicaid payment reductions included in the ACA. Most of the ACA impacts build-up or phase-in over several years. HMA selected 2017 as a point in time for all of the estimates. Key assumptions made by HMA include the following:

- A 55% reduction in charity care as a result of coverage expansion. HMA assumed that 75% of the uninsured reduction will be funded under Medicaid and 25% will be from individuals enrolled on the Exchange.
- A migration of individual and employer-based coverage to Medicaid and a migration of employer-based to Exchange coverage will occur within UCMC payer mix. Medicaid will not reimburse hospitals as well as private insurance, and Exchange coverage is expected to result in lower reimbursement than employer-based coverage. These factors offset part of the benefits of reduced charity care.
- Medicare payments will be 3.4% lower as a result of reduced rate updates from 2014 to 2017. In addition, the reduction of Medicare DSH payments and other provisions of the ACA result in additional payment changes. HMA is using estimates provided by UCMC management.
- Medicaid HCAP payments will be reduced when the change in federal DSH allotments begin in 2016. The reduction could be as large as 45% by 2021, although in 2017 the impact of the ACA cuts will be much smaller. For purposes of this analysis, HMA is using an 11% reduction in Ohio HCAP.
- In addition to the changes mandated by the ACA, the State of Ohio has implemented hospital reimbursement reductions in 2014-2015 and is considering a redistribution of HCAP; UCMC management believes these cuts are related to the decision to expand Medicaid.

Following is the estimated 2017 impact of ACA coverage and associated reimbursement changes.

Estimated Impact of ACA Coverage and Associated Reimbursement Changes for UCMC, 2017

Impact on UCMC	2017 Estimate
Impact of coverage expansion - Medicaid	\$24,000,000
Impact of coverage expansion - Exchange	\$13,600,000
Conversion of private insurance to Medicaid	(\$5,600,000)
Conversion of private insurance to Exchange	(\$2,100,000)
Net Coverage Change	\$29,900,000
Medicare reductions - productivity	(\$5,600,000)
Medicare reductions - DSH	(\$4,400,000)
Medicare reductions - other	(\$1,600,000)
Net Medicare Reductions	(\$11,600,000)
Medicaid reductions - DSH	(\$2,800,000)
Net Impact of ACA - UCMC	\$15,500,000
Additional Medicaid Reductions, not part of ACA	(\$7,100,000)

The above reflects a positive impact of nearly \$30 million per year from ACA coverage provisions. UCMC had over \$82 million of charity care costs in fiscal year 2013; the \$30 million annual estimate represents a 36% reduction.

The reimbursement losses that result from ACA's Medicare reductions and the Medicaid DSH reduction impact on HCAP will offset most of the reimbursement gains that result from the extension of coverage benefits. The remainder is an important expected benefit, but it is not nearly as large as one might think would occur from a 55% reduction of the uninsured. Additionally, the benefit will be further eroded as Medicaid reimbursement reductions enacted in the Ohio budget for 2014 and 2015 are implemented.

After considering the favorable ACA impact as estimated above, UCMC would continue to meet the current Annual Services test as stipulated in the contract. In FY 2013 UCMC had \$53 million of Services (defined as the cost of uncompensated care provided to eligible Hamilton County residents); the contract requires that Services exceed amounts received from the Levy. The estimates in the table above assume that 55% of the uninsured will be covered after the ACA impacts are fully realized. The result is an estimated 45% of UCMC's Annual Services, or \$25 million, would remain. This exceeds the Levy amount received in any of the years of the current Levy.

CCHMC

The Hospital's patients are children, who have a higher rate of insurance coverage than adults. In Ohio, an estimated 8% of persons 18 and under are uninsured, compared to 18% for adults under age 65. Between Medicaid and CHIP coverage, every legal resident under the age of 18 with family income up to 200% of poverty is eligible for public coverage. Also, while many adults with higher incomes choose to forego health insurance for themselves, it is less common for families with dependent children to make this choice. Consequently, the ACA coverage expansion will not have nearly as large an effect on CCHMC as it will on UCMC. In fact, two other ACA coverage provisions are already in effect and already reflected

in CCHMC's current numbers: 1) a provision that allows dependents up to 26 years old to be covered under their parents' policies, and 2) prohibitions on coverage denials due to pre-existing conditions.

CCHMC will likely see a reduction in the number of uninsured patients. Some parents will take advantage of the new opportunities under the ACA. Some patients are over 18 years old and are eligible for Medicaid for the first time. Also, there is a phenomenon referred to as the "woodwork effect": persons who were already eligible for Medicaid are visiting marketplace Exchange websites and finding that they are Medicaid-eligible, and others may learn about eligibility because of all of the media attention and other "buzz" that is increasing general awareness in the population.

In its 2013 report to the state of Ohio, Mercer²¹ estimated that 72,000 uninsured children in Ohio would gain Medicaid coverage from the so-called woodwork effect by 2017. This represents approximately 30% of Ohio's 230,000 uninsured children. In addition, Mercer estimates that 51,000 children currently covered by private insurance will migrate to Medicaid by 2017. CCHMC officials believe that the Mercer estimates are overly optimistic. In response to this concern, HMA selected a 75% factor to apply to the Mercer estimates. The Mercer study does not address Exchange coverage, but HMA estimates that for every three children added to Medicaid, another will enroll in an Exchange plan.

HMA applied the above estimates of coverage shifts to CCHMC and, using Hospital reimbursement information, estimates the effect in 2017 of ACA coverage expansion on CCHMC. The Ohio Medicaid budgetary reductions in 2014-2015 are not expected to have a material net effect on CCHMC and are therefore not included. The results are as follows:

Estimated Impact of ACA Coverage and Reimbursement Changes for CCHMC, 2017	
Impact on CCHMC	2017 Estimate
Impact of coverage expansion - Medicaid	\$3,500,000
Impact of coverage expansion - Exchange	2,300,000
Conversion of private insurance to Medicaid	(2,400,000)
Net Coverage Change	\$3,400,000
Medicaid reductions - DSH	(1,300,000)
Net Impact of ACA - CCHMC	\$2,100,000

²¹ Information is obtained from a report prepared by Mercer Health and Benefits LLC for the Ohio Office of Medical Assistance dated February 13, 2013, entitled "Fiscal Impact of the Affordable Care Act on Medicaid Enrollment and Program Cost".

As shown above, the net impact of the ACA changes on CCHMC is estimated to be relatively modest: \$2.1 million is less than 0.2% of revenue.

However, if the ACA has more than a minimal effect on CCHMC's charity care, the Hospital may no longer meet the Annual Services test called for in the contract. CCHMC had Annual Services (the cost of uncompensated services provided to eligible Hamilton County residents) of \$5.7 million in FY 2013. This barely exceeds the \$5.2 million that the Hospital receives annually from the current Levy. If the ACA reduces CCHMC's uncompensated care costs by 8% or more, (all other things being equal) the Hospital would no longer comply with this important provision of the contract.

MENTAL HEALTH LEVY – OPERATIONS AND FINANCIAL ANALYSIS

The Mental Health Recovery Services Board (MHRSB) is responsible for strategic planning and policy development, contracting, monitoring, and coordinating behavioral health service delivery available to Hamilton County residents, as well as evaluating the effectiveness and outcomes of these services. Because it is statutorily prohibited from the direct provision of services, the MHRSB currently contracts with approximately 36 community providers that offer mental health and substance use disorder programs to adults and children with mental health and/or substance abuse issues.

Sixteen are exclusively mental health providers, nine provide services relating to alcohol and other drugs, and eleven provide services to both populations. Through these providers, the MHRSB fulfills its responsibility to maintain a comprehensive community-based system of care that includes prevention, treatment, and rehabilitation focused services provided in the least restrictive settings.

ELIGIBILITY

MHRSB's primary target populations are adults with serious mental illness (SMI), children with severe emotional disabilities (SED), and adults who are dually diagnosed with both substance use disorders and mental illness (SAMI). Secondary target populations of the Board include adults with mental health needs that are not a serious mental disability (Non-SMI), children with mental health needs who do not have a serious emotional disability (Non-SED), and both children and adults with mental health needs who are in the criminal justice systems (CJS).

SERVICES

The MHRSB utilizes multiple funding streams, including the levy funds, to support the continuum of behavioral health services provided to approximately 23,000 Hamilton County residents. Eligibility for state and federal funding is contingent upon assuring the availability of mandated services and other activities included within a community addiction and mental health services plan. This plan is submitted for approval to the Director of the Ohio Department of Mental Health and Addiction Services (ODMHAS).

In addition the MHRSB is responsible for evaluating referrals for involuntary commitment in order to assist the probate division of the court of common pleas in determining whether there is probable cause

for involuntary hospitalization and in establishing what alternative treatment is available and appropriate. MHR SB also designates the treatment services, provider, facility, or other placement for each person involuntarily committed.

The most recent Mental Health Levy passed in 2012 for years 2013-2017. It will generate estimated revenue of \$33,470,397 per year and cost the owner of a \$100,000 home an estimated \$48.38 per year, the same as the previous annual cost. These funds will be combined with state and federal dollars to meet the statutory requirements of the MHR SB described above.

REVENUES AND EXPENDITURES

The MHR SB utilizes multiple funding streams to meet its statutory obligations. In some cases Mental Health Levy funds are utilized to leverage state and local dollars. This “matching” or maintenance of effort is a common requirement for competitive grant applications to demonstrate local commitment to maintain services beyond the initial funding of startup costs. What results is a complex interdependency of various funding streams to maintain “the whole.” This is especially important to understand when considering the MH Levy funding as adjustments to these funds can impact other funding to Board administered services and programs.

Program	Expenditures	Sources of Revenue	
		Levy	Other
Community Psychiatric Supportive Treatment (CPST)	\$10,028,942	\$8,532,406	\$1,496,536
Counseling/Therapy	\$1,488,036	\$1,439,472	\$48,564
Pharmacological Management	\$1,729,734	\$1,173,794	\$555,940
Partial Hospitalization	\$627,306	\$567,570	\$59,736
Psychiatric Interview/Assessments/Evaluations	\$3,160,006	\$2,437,480	\$722,526
Crisis Intervention	\$2,154,793	\$1,905,724	\$249,069
Residential Treatment and Housing	\$9,813,661	\$7,493,894	\$2,319,767
Care Coordination	\$1,022,796	\$595,836	\$426,960
Prevention and Education	\$1,676,384	\$1,545,776	\$130,608
In Patient Hospitalization	\$1,200,000	\$500,000	\$700,000
Employment and Vocational Services	\$2,688,167	\$1,332,229	\$1,355,938
Consumer Operated and Peer Support	\$1,166,608	\$1,146,390	\$20,218
Other Mental Health Services	\$5,410,806	\$4,061,636	\$1,349,170
Total	\$42,167,239	\$32,732,207	\$9,370,695

The Board is required to provide a continuum of services that includes activities not reimbursable by Medicaid and other health care payers/insurers. These are vocational rehabilitative services, prevention programs, and housing supports. MHR SB staff indicated that the state is considering adding some of these services, including some activities reimbursed under “other mental health,” to the state plan, allowing less reliance on MH Levy funds. However, the process to add services such as care coordination to the Medicaid State Plan can be lengthy, and an immediate impact is not expected from these efforts.

Important to the discussion of the anticipated impact of the ACA, specifically Medicaid expansion on revenue and expenditures, is the Ohio Department of Job & Family Services [now the Ohio Department

of Medicaid] decision to assume responsibility for management of Medicaid-funded programs for mental health services. This change, effective July 2012, significantly impacted revenue structure, staffing, and service delivery planning of the MHR SB. This "Medicaid elevation," under which the Department of Medicaid administers all Medicaid services and providers, resulted in the elimination of approximately 48% of MHR SB annual revenue and 50% of its billing activity.²² Furthermore, information on Medicaid eligibility and expenditures is no longer readily available to the County and MHR SB.

The state will cease to maintain its statewide claims processing system in the near future, likely in calendar year 2015. Therefore in 2011 the MHR SB, in conjunction with Cuyahoga and Franklin Counties, began the lengthy and technical process of designing and purchasing a customized data system. The system is expected to be operational in January 2015 and will better support our strategic initiatives by expanding our claims processing and data collection capabilities, enhancing our planning abilities, and strengthening our financial and outcomes analysis and reporting.

MEDICAID AND ACA IMPACT

MEDICAID EXPANSION IMPACT

The MHR SB may have less reliance on levy funds as previously indigent care individuals' access coverage. There is less likely to be an impact with children and youth as 98% of children involved with the MHR SB are already Medicaid eligible. In order to maximize benefit the MHR SB will need process in place (and enforced) to ensure that providers screen and assist these individuals with accesses to benefits.

EXCHANGE IMPACT

Same as *Medicaid Expansion Impact* above.

MEDICAID SERVICE COVERAGE OPPORTUNITIES

See Children's Services Levy Observations and Recommendations regarding Medicaid Health Home Services.

OBSERVATIONS AND RECOMMENDATIONS

In continued administration of the MH Levy, the county may want to consider:

- When considering the overall impact of the ACA, it is important to bear in mind that the MHR SB will continue to rely on Levy funds to meet its requirements for statutorily mandated services not covered by Medicaid or other federal funding. This includes availability of local dollars as often required matching funds for federal and state grant opportunities.

²² [League of Women Voters of the Cincinnati Area Education Fund Issue 51](#)

- Continued monitoring and contract adjustments related to the Mental Health Access Point Contract, particularly given that the elevation of Medicaid has reduced initial screening and face-to-face contacts;
- Amending contracts to ensure proper financial screening for Medicaid and reporting of consumers served (both Medicaid and non-Medicaid)
 - Consider including evaluation of processes as part of provider audits
 - Ensure providers are certified with Medicaid and this is not a barrier to accessing Medicaid reimbursement (federal participation) for all eligible services;
- Updating policies related to sliding fee schedule to consider full fee for individuals who choose not to enroll in the Exchange or pursue Medicaid benefits for which they qualify; and
- Strategic planning and action with State agencies to propose coverage of additional Medicaid services as well as identify a strategy to have more direct access to aggregate Medicaid expenditure and utilization data.

SENIOR SERVICES LEVY – OPERATIONS AND FINANCIAL ANALYSIS

The Senior Services Levy funds the Elderly Services Program (ESP), administered by the Council on Aging (COA) of Southwestern Ohio, Adult Protective Services (administered by the County Department of Job and Family Services [CDJFS]), and Veterans Services, administered by the Veterans Services Board. The ESP provides the vast majority of health care services funded by the Senior Services Levy. Therefore, the remainder of the discussion of the Senior Services Levy focuses on the ESP.

ELDERLY SERVICES PROGRAM (ESP)

The ESP provides in-home and other community-based services to Hamilton County residents who meet the program and service eligibility requirements established by the county. The ESP is administered by the COA in accordance with the terms of an agreement between the Board of County Commissioners and the COA.

ELIGIBILITY

To be eligible for the ESP an individual must be a Hamilton County resident and be 60 years of age (unless diagnosed with Alzheimer's disease or a related dementia) and meet specified diagnosis, service, and/or impairment requirements.

SERVICES

The ESP provides the following services:

- Adult Day Service
- Home Medical Equipment

- Adult Day Transportation
- Care Management
- Consumer Directed Care
- Emergency Response System
- Environmental Services
- Home Care Assistance
- Home-delivered Meals
- Independent Living Assistance
- Medical Transportation
- Minor Home Repairs
- Non-Medical Transportation

Each service is defined in the agreement between the Board of County Commissioners and the COA. The agreement provides the objectives and specifications for each service, including eligibility criteria, the defined unit of service, and provider requirements.

MANAGEMENT AND PROVIDERS

The Board contracts with the COA to administer the ESP. The COA screens all applicants for eligibility for other programs, such as the Medicaid home and community-based services waiver programs and Older Americans Act services, and authorizes ESP only when the applicant is unable to access other sources of coverage. Clients who appear likely to be eligible for a Medicaid home- and community-based services waiver, such as PASSPORT, are required to complete the application and determination process or may be disenrolled from the ESP. The COA also refers clients enrolled in the ESP for eligibility determination when the client experiences a change in income or frailty and appears likely to meet Medicaid requirements. ESP services may be provided during the period of application in order to maintain the client at home. (The cost for screening and assessment is displayed in the table below as “Intake and Assessment.”)

The COA procures ESP service providers periodically using the Requests for Proposal (RFPs) process. RFPs include services delivery documentation and monitoring requirements. Providers are required to meet conditions of participation (COPs) in order to enroll as an ESP provider and agree to meet service delivery requirements including prior authorization of services by a care manager, and documentation of each client contact.

The COA Contract Compliance Team conducts regular reviews of contracted COA providers. Contract Compliance Specialists are responsible for assuring providers meet the COPs and Service Specifications (SPECS) for all services the provider is contracted to provide and conduct regular provider reviews.

SERVICE UTILIZATION

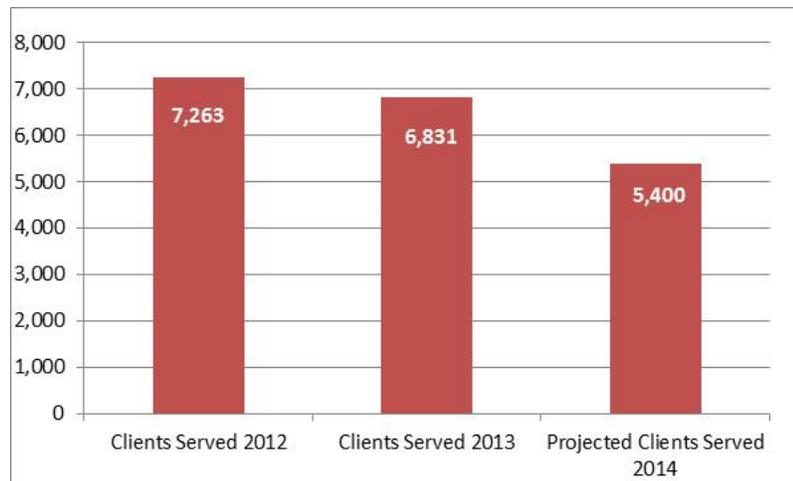
In 2013, the ESP served 6,831 clients, a reduction from 2012, when the program served 7,263. Home care assistance, emergency response systems, and home-delivered meals are the most commonly used in-home services.

Elderly Services Program Clients Served 2012 and 2013		
Elderly Services Program	Clients Served 2012	Clients Served 2013
Total	7,263	6,831
Service Detail		
Care Management	7,263	6,831
Home Care Assistance	4,250	4,052
Emergency Response System	3,655	3,464
Home-delivered Meals	3,353	3,197
Home Medical Equipment	1,417	1,272
Medical Transportation	1,394	1,422
Consumer Directed Care	375	375
Minor Home Repairs	348	339
Adult Day Service	285	258
Independent Living Assistance (IADLs)	212	265
Non-Medical Transportation	141	208
Adult Day Transportation	132	124
Environmental Services	55	50

Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

For 2014, the COA projects ESP will serve 5,400 clients, a reduction of 1,431 clients from 2013.

Number of ESP Clients Served 2012-2013, Projection for 2014



Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

The ESP has a waiting list of over 800 individuals, and so only the individuals with the greatest need are being enrolled. Over time, this results in enrollment of clients who have increasing frailty or dependency and who are thus more costly to serve. In addition, the number of clients enrolled is impacted by reductions in tax collections.

REVENUES AND EXPENDITURES

The ESP revenues and expenditures fluctuate year-to-year as a result of changes in Levy collections and other funding. The table below displays 2012 and 2013 revenue and expenditures and 2014 projected revenue and expenditures. Administrative services reimbursement is set at a fixed rate of 6% of total expenditures;²³ the remaining 94% of expenditures are for health care services.

ESP Revenue and Expenditures 2012 (actual) through 2014 (projected)			
	FY 2012 Actual Dollars	FY 2013 Actual Dollars	FY 2014 Projected Expenditures
Revenue	\$ 23,495,048	\$ 24,174,609	\$ 21,452,866
Federal and State	\$ 1,378,185	\$1,049,846	\$1,020,456
Levy	\$ 21,224,413	\$22,274,529	\$19,681,294
Other	\$ 892,450	\$850,234	\$751,116
Expenditures	\$ 23,495,048	\$ 24,174,609	\$ 21,452,866
ESP Administration	\$ 1,336,637	\$ 1,373,205	\$ 1,234,350
Intake and Assessment (Admin)	\$ 227,603	\$ 197,604	\$ 225,040
ESP Services	\$ 22,158,411	\$ 22,801,404	\$ 20,218,516
Service Detail			
Adult Day Service	\$ 966,212	\$ 968,634	\$ 760,505
Adult Day Transportation	\$ 118,924	\$ 130,808	
Care Management	\$ 3,354,787	\$ 3,515,142	\$ 3,002,348
Consumer Directed Care	\$ 1,371,949	\$ 1,492,324	\$ 1,384,279
Emergency Response System	\$ 711,019	\$ 691,165	
Environmental Services	\$ 61,924	\$ 54,376	
Home Care Assistance	\$ 8,883,027	\$ 9,025,367	\$ 8,149,854
Home Medical Equipment	\$ 357,857	\$ 343,194	
Home-delivered Meals	\$ 4,312,053	\$ 4,406,416	\$ 3,851,071
Independent Living Assistance (IADLs)	\$ 38,673	\$ 58,552	
Medical Transportation	\$ 1,409,874	\$ 1,509,055	\$ 1,321,194
Minor Home Repairs	\$ 290,213	\$ 319,894	
Non-Medical Transportation	\$ 54,296	\$ 88,873	
All Other 2014 Budget			\$ 1,524,225

Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change. FY 2014 Service detail projections are limited to the top six services.

The COA manages the ESP within the funds available, so the program does not incur a surplus or deficit. Levy funds are drawn down on an as-needed basis. The COA reports that, if they did not manage the program this way, there would be a deficit, as the demand for program services far exceeds the funding made available.

²³ Resolution # 17: Authorizing the County Administrator to Enter Into An Agreement with The Council on Aging of Southwestern Ohio Regarding the Use of the Senior Services Tax Levy Proceeds. Witnessed January 21, 2009.

REVENUES

The Senior Services Levy comprised 92% of ESP revenue in 2013 and is projected to comprise the same proportion in 2014, although Levy dollars are expected to decline to \$21.4 million in 2014 from \$24.1 million in 2013.

The Fiscal Year (FY) 2014 budget projects a decline in revenue across all sources.

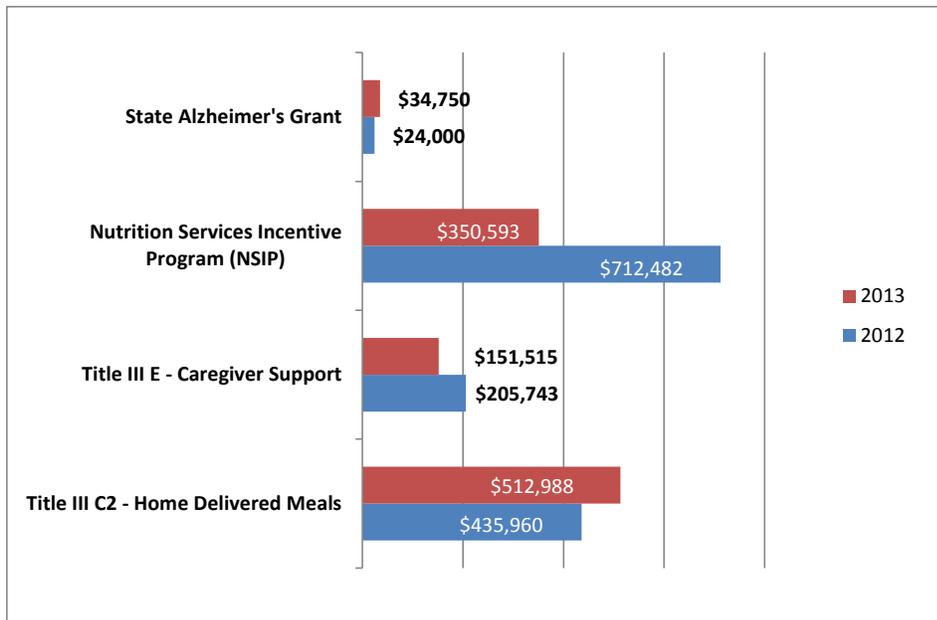
Change in Revenue for ESP 2013 (actual) - 2014 (projected)				
Year	Federal and State	Levy	Other	Total
2013	\$1,049,846	\$ 22,274,529	\$ 850,234	\$ 24,174,609
2014 (projected)	\$1,020,456	\$ 19,681,294	\$ 751,116	\$ 21,452,866
Change	\$ (29,390)	\$ (2,593,235)	\$ (99,118)	\$ (2,721,743)

Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

STATE AND FEDERAL FUNDS

State and federal funds consist of Older Americans Act (Title III) grants provided to states and allocated to each AAA by the state, and the Ohio Alzheimer’s Respite Grant. Funding varies from year to year based on the state and federal budgets. For example, the Federal Nutrition Services Incentive Program allocation was cut over 50% in 2013.

ESP State and Federal Funding



Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

OTHER REVENUE

Four percent of revenue consisted of ESP client co-payments and a donation. Clients with an income at or above 150% of the Federal Poverty Level (FPL) contribute toward the cost of services, the contribution amount being determined on a sliding fee scale. Clients with incomes above 400% of FPL pay the full cost of ESP services. In 2014, income of \$46,680 annually for a household of one or \$62,920 for two was equivalent to 400% of the FPL.²⁴

EXPENDITURE DETAIL

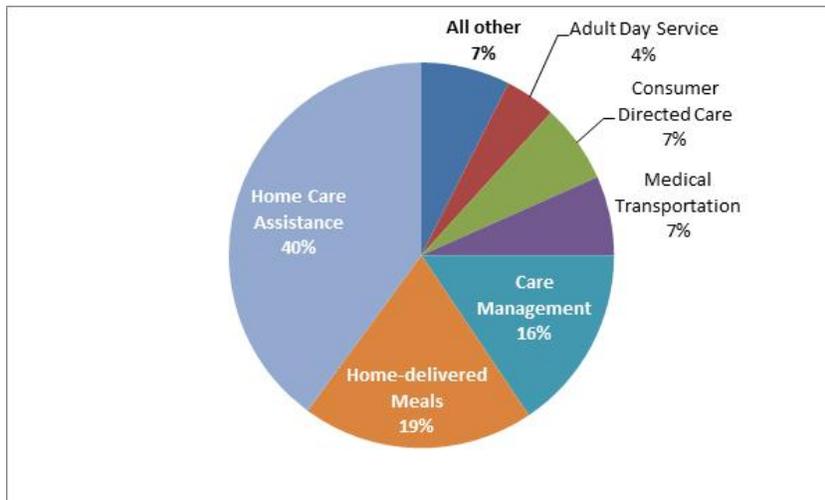
ESP Expenditures by Service – 2012 and 2013				
ESP Service	2012 Expenditures	As a % of all 2012 Services Expenditures	2013 Expenditures	As a % of all 2013 Services Expenditures
Adult Day Service	\$ 966,212	4%	\$ 968,634	4%
Adult Day Transportation	\$ 118,924	1%	\$ 130,808	1%
Care Management	\$ 3,354,787	15%	\$ 3,515,142	16%
Consumer Directed Care	\$ 1,371,949	6%	\$ 1,492,324	7%
Emergency Response System	\$ 711,019	3%	\$ 691,165	3%
Environmental Services	\$ 61,924	0%	\$ 54,376	0%
Home Care Assistance	\$ 8,883,027	41%	\$ 9,025,367	40%
Home Medical Equipment	\$ 357,857	2%	\$ 343,194	2%
Home-delivered Meals	\$ 4,312,053	20%	\$ 4,406,416	19%
Independent Living Assistance	\$ 38,673	0%	\$ 58,552	0%
Medical Transportation	\$ 1,409,874	6%	\$ 1,509,055	7%
Minor Home Repairs	\$ 290,213	1%	\$ 319,894	1%
Non-Medical Transportation	\$ 54,296	0%	\$ 88,873	0%
Total	\$ 22,158,411		\$ 22,801,404	

Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change. FY 2014 Service detail projections are limited to the top six services.

Home care assistance accounted for 40% of all ESP spending in 2012 and 2013, the largest single expenditure category.

²⁴ Families USA. Federal Poverty Level Guidelines. Accessed April 15, 2014. <http://familiesusa.org/product/federal-poverty-guidelines>

2013 ESP Service Proportion by Expenditures (\$)



Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

AAA MATCHING FUNDS

Area Agencies on Aging (AAAs) are required to contribute matching funds toward the cost of services delivered to seniors funded through the Older Americans Act (OAA) under Title III of the Social Security Act. In 2012 and 2013, the Senior Services Levy contributed just under \$100,000 toward the 15% match required under Title III for ESP clients accessing these OAA services.

Senior Services Levy Expenditures for Title III Matching Funds					
Title III Services for ESP Clients	Expenditures for Title III C2 - Home Delivered Meals	Expenditures for Title III E - Caregiver Support	Total	Match Amount	Match %
2012	\$ 435,960	\$ 205,743	\$ 641,703	\$ 96,255	15
2013	\$ 512,988	\$ 151,515	\$ 664,503	\$ 99,675	15

Source: Council on Aging of Southwestern Ohio data run. Data generated 3/31/2014. 2013 year-end reconciliation is not complete - figures are subject to change.

MEDICAID AND ACA IMPACT

MEDICAID EXPANSION IMPACT

Individuals 65 years and older are ineligible for the Medicaid expansion, as are individuals eligible for Medicare Parts A or B.²⁵ Medicaid will become available to Hamilton County residents under 65 years of age, not already enrolled in Medicaid, who are not eligible for Medicare Parts A or B, and who have incomes up to 138% of the FPL.

²⁵ Medicare Part A in general covers hospital care, skilled nursing facility care, nursing home care (excluding custodial care), hospice and home health services. Medicare Part B covers medical care such as physician services and medical equipment.

The number of potential or current ESP clients gaining access to Medicaid under the expansion cannot be projected from readily available data. The following factors suggest the impact to ESP:

- Only a small number of ESP clients are under 65 years of age. In 2012, less than 1% of ESP clients were 59 years of age or younger, and 13% were between 60 and 69 years of age. Only a portion of this 14% (under 65 years of age) would meet the expansion-related age requirements.
- Existing ESP clients enrolled in Medicaid qualify for ESP services because they do not meet the level of care requirements for PASSPORT. It is likely some newly eligible Medicaid clients would also not meet these requirements.
- The COA does not have information on ESP clients' Medicare Part A or B coverage. Some individuals under 65 years of age can qualify for Medicare, primarily as a result of a disability. It is probable that a portion of individuals without Medicaid coverage who would seek ESP services have Medicare Parts A or B and so will be ineligible for the expansion.
- Ohio's Medicaid expansion benefit package is equivalent to the Medicaid state plan (or "regular" Medicaid) benefit package and does not cover personal care, care management for seniors, or HCBS waiver services. It does cover nursing facility services. While a small number of individuals previously ineligible for Medicaid may benefit from access to the limited package of home health services, expansion is unlikely to reduce the demand for in-home and other services covered by the ESP (but not available from the "regular" Medicaid benefit package).

EXCHANGE IMPACT

Purchase of health insurance on the Exchange will have little to no impact on the ESP. The Ohio Exchange benefit package must conform to the Community Insurance Company (Anthem Blue Cross Blue Shield) Blue Access PPO benefit package. This benefit package does not cover personal care, except for home health aide services of short duration when an individual is receiving home health skilled nursing care. Custodial care in a nursing home is also not covered.

MEDICAID SERVICE COVERAGE OPPORTUNITIES

There are no near-term Medicaid coverage opportunities for Senior Services clients receiving ESP services. ESP services are provided to individuals who have been screened by the COA and referred for waiver eligibility and who do not meet Medicaid income eligibility or waiver level of care requirements, or both. ESP services are also provided during the eligibility determination process to ensure that individuals can remain at home rather than need to enter a nursing home. A portion of individuals receiving ESP services during this time period will be determined to be Medicaid-eligible, and some will be enrolled into a waiver. While Medicaid eligibility can be retroactive, waiver services cannot be claimed retroactively. Therefore, there is no method to recoup a portion of the cost of ESP services even after a client becomes Medicaid-eligible and enrolls into a waiver.

Additional Medicaid coverage would require the state to make changes in Medicaid eligibility and program requirements. For example, the state does not cover personal care services as a regular Medicaid services, and so access to personal care is limited to individuals who meet waiver level-of-care requirements and are enrolled in a waiver. States are reluctant to add a service like personal care to the array of Medicaid covered services outside of a waiver because of the state budget impact.

OBSERVATIONS AND RECOMMENDATIONS

The Council on Aging (COA) administers the Elderly Services Program (ESP) consistent with the requirements in the agreement between the County and COA. The COA administers Older America's Act, waiver, and state-funded services and county programs for multiple counties. They are an experienced organization with a broad scope of responsibility that helps ensure ESP is the payer of last resort. One area of focus the County may want to consider is development of a routine and periodic report in an easy to review format designed to focus on the eligibility determination process that includes referral for a Medicaid and waiver eligibility determination. For example, a quarterly or semiannual report profiling clients' movement into the waiver might identify delays in eligibility determination at any point in the process that contribute to a greater expenditure of ESP funds. This report could also be used to develop a more detailed profile of who is enrolled in the ESP (and the waiver).

COMPARISONS AND BENCHMARKING - HAMILTON COUNTY HEALTH CARE SERVICES: BENCHMARK ANALYSIS

DISCUSSION

PROPOSED BENCHMARK APPROACH

Through this engagement we were asked to compare the cost of health care services provided in Hamilton County to those reported by similar counties. Hamilton County is a populous county (the third most populous in the state) with a high percentage of their population residing in a large urban center (Cincinnati). Our comparison counties (Cuyahoga, Franklin, Summit, Montgomery and Lucas Counties) fit a similar profile as demonstrated in the table below (Summary Information Benchmark Counties).

Summary Information Benchmark Counties			
County	2010 Population	Population Rank	Largest City
Cuyahoga	1,280,122	1	Cleveland
Franklin	1,163,414	2	Columbus
Hamilton	802,374	3	Cincinnati
Summit	541,781	4	Akron
Montgomery	535,153	5	Dayton
Lucas	441,815	6	Toledo

Any attempt to compare public spending across localities will be complicated by a number of factors related to how public programs are organized, administered and funded. Absent an approach where budget and program staff responsible for each health care program in each comparison county is interviewed, benchmark efforts should focus upon metrics that are easy to access and interpret. The approach outlined above attempts to overcome challenges in comparing health care spending across differing jurisdictions by reviewing high level spending data,

adjusting this information to account for differences in county population and poverty and supporting these comparisons with high level information on services funded in each county.

To complete our benchmark analysis, we reviewed budget information published by the county for their 2013 fiscal year along with documents describing the structure of their health care programs. Through this review we generated the following variables for our review:

- **Total Funding:** A measure of total public financial resources (Federal, State and Local) allocated to a relevant health program for a county's 2013 appropriation.
- **County Funding:** A measure of total county funding (both targeted property tax assessment revenue along with county general revenue) allocated to a relevant health program for a county's 2013 appropriation.
- **Total Funding per Capita:** A measure of total funding allocated to a relevant health program per resident as calculated in the 2012 United States Census.²⁶ This is meant to provide additional context to comparisons between counties with differing populations.
- **Total Funding per Uninsured:** A measure of total funding allocated per uninsured resident under the age of 65 in 2012, as estimated by the United States Census Bureau.²⁷ This is meant to account for variance in likely need for health services to low income uninsured between counties.
- **Mean Spending:** A measure of the average spending across all the available comparison counties.
- **Deviation from Mean Dollars:** A measure of the difference between reported spending in Hamilton County in 2013 and the calculated mean across all comparison counties (including Hamilton County).
- **Deviation from Mean Percentage:** A measure of the percentage difference between reported spending in Hamilton County in 2013 and the calculated mean across all comparison counties (including Hamilton County).

²⁶ <http://www.naco.org/Counties/Pages/FindACounty.aspx>

²⁷ <http://www.census.gov/did/www/sahie/data/interactive/#view=data&utilBtn=&yLB=0&stLB=0&aLB=0&sLB=0&iLB=0&rLB=0&countyCBSelected=false&insuredRBG=pu &multiYearSelected=false&multiYearAlertFlag=false>

DATA LIMITATIONS

While the approach outlined above, in our view, is the most appropriate for completing a benchmark analysis. We do need to be aware of the limitations associated with this method. While reviewing this data one should be aware of the following:

- **Limits in Available Data:** In some instances county budget documents did not make relevant information available for comparison. This is likely because the targeted health services were rolled into a larger budget document.
- **Differences in How County Budgets are Structured:** Our review of county budget documents revealed differences in how budget information is reported and structured. Some public documents made information on gross funding (Federal, State, Local and Private) and some only provided detailed spending information for county dollars.
- **Differences in How County Agencies are Structured:** Services that may be funded through an agency or program may be differently funded in another county. We have worked as hard as possible to address these differences but there will be circumstances where a comparison between two budgeted amounts will be complicated by differences in how programs are organized across county agencies and programs.
- **Differences in the Size and Scope of Funded Services:** There will be differences in county funding per resident and per uninsured resident that will be related to the size of the funded health program. A program that funds more services and/or makes services available to more people will report a higher level of spending. When possible, we attempted to review public documents describing each county's health programs to provide more context for a benchmark comparison.

BENCHMARK ANALYSIS

Provided below are the results of our review across each of the types of funded health services in Hamilton County addressed in our review. As you can see there are instances where the data across counties appears to be consistent and comparisons appear to be appropriate and instances where there is considerable variance across county budget documents, where a benchmarking exercise dependent upon county budget documents may not be as appropriate.

AGING SERVICES

Benchmark Analysis Aging Services				
County	2013 Budget Information		2013 Spending Per Capita	
	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$24,174,609	\$22,274,529	\$30.31	\$27.76
Cuyahoga County	\$80,892,540	\$12,933,593	\$63.19	\$10.10
Franklin County	Not Available	\$43,295,851	Not Available	\$41.31
Lucas County	\$3,202,921	Not Available	\$7.25	Not Available
Montgomery County	\$9,997,673	Not Available	\$18.68	Not Available
Summit County	Not Available	Not Available	Not Available	Not Available
Mean	\$36,090,023	\$26,167,991	\$29.81	\$25.03
Deviation From Mean \$	(\$11,915,414)	\$3,893,462	(\$0.50)	\$2.73
Deviation From Mean %	-33.0%	14.8%	-1.7%	10.9%

In our benchmark analysis for aging services we were able to access data on a total funds basis for four counties and county funds data for all three counties. One can see a fairly substantial variance in reported spending on both a Gross and per-capita basis for aging services across the benchmark counties, with significant investment reported in Cuyahoga County and more limited budgeted funds in Lucas County.

Hamilton County has the second highest level of aging spending within the reported counties with reported spending dramatically below that reported in Cuyahoga County on a per-capita basis but higher budgeted funds per-capita than Lucas and Montgomery County. When comparing

spending in Hamilton County against the average we see that Hamilton reports spending is closest to the mean of our benchmark counties. In this instance this metric is of limited value because of the limited number of data points and wide variance in reported spending on a Gross and per-capita basis.

DEVELOPMENTAL DISABILITY SERVICES

Benchmark Analysis Developmental Disability Services						
County	2013 Budget Information		2013 Spending Per Capita		2013 Spending Per Uninsured	
	Total Funds	County Funds	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$115,031,541	\$75,216,313	\$135.98	\$91.73	\$1,212.39	\$817.87
Cuyahoga County	\$119,855,012	Not Available	\$156.12	Not Available	\$1,380.97	Not Available
Franklin County	\$244,120,884	\$168,707,986	\$209.83	\$160.96	\$1,526.63	\$1,055.03
Lucas County	\$59,899,883	\$29,388,467	\$135.58	\$79.45	\$1,148.83	\$563.65
Montgomery County	\$57,593,824	\$56,920,840	\$107.63	\$129.61	\$884.61	\$874.23
Summit County	\$67,782,326	\$51,744,818	\$125.11	\$115.03	\$1,127.11	\$860.43
Mean	\$136,153,255	\$80,861,062	\$145.04	\$101.03	\$1,213.42	\$838.33
Deviation From Mean \$	(\$21,121,714)	(\$5,644,749)	(\$1.68)	(\$10.02)	\$64.79	(\$2.54)
Deviation From Mean %	-15.5%	-7.0%	-1.2%	9.9%	5.3%	-0.3%

Our review of developmental disability services includes budget information for five of our benchmark counties. When comparing developmental disability spending on a per-capita and per uninsured individual basis we see a much tighter spread across all of the counties. The table above (Benchmark Analysis Developmental Disability Services) further reveals that Hamilton County spending on a per capita basis and on a per uninsured basis for developmental disability services is very much consistent with what we see in comparison counties.

MENTAL HEALTH AND AOD SERVICES

Benchmark Analysis Mental Health And AOD Services						
County	2013 Budget Information		2013 Spending Per Capita		2013 Spending Per Uninsured	
	Total Funds	County Funds	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$42,167,239	\$32,732,207	\$52.55	\$40.79	\$512.84	\$366.98
Cuyahoga County	\$34,863,657	\$34,863,657	\$27.23	\$27.23	\$240.90	\$240.90
Franklin County	\$148,589,707	\$133,420,723	\$127.72	\$114.68	\$929.22	\$834.36
Lucas County	\$25,604,896	\$15,517,973	\$57.95	\$35.12	\$491.08	\$297.62
Montgomery County	\$37,567,245	\$28,983,024	\$70.20	\$54.16	\$576.98	\$445.14
Summit County	\$45,633,059	Not Available	\$84.23	Not Available	\$758.81	Not Available
Mean	\$59,371,712	\$54,133,640	\$69.98	\$54.40	\$586.57	\$434.97
Deviation From Mean \$	(\$17,204,473)	(\$21,401,433)	(\$17.43)	(\$13.61)	(\$73.73)	(\$67.99)
Deviation From Mean %	-29.0%	-39.5%	-24.9%	-25.0%	-12.6%	-15.6%

Our analysis included each benchmark county's 2013 budget information for our comparison on a total funds basis and four of the five comparison counties on a county funds basis. What is immediately striking when reviewing the table above (Benchmark Analysis Mental Health and AOD Services) is the significant difference between reported spending in Franklin County compared to all other comparison communities. Even when we exclude Franklin County from our review you still see pretty broad variance in spending per-capita ranging from Cuyahoga County (\$27.23 in total funds per capita) to Summit County (\$84.23 in total funds per capita).

Hamilton County spending appears largely in line with the comparison county on a total funds basis per capita at \$52.55. We observe a similar outcome when we review spending per uninsured. A review of spending in Hamilton County against the calculated mean reveals Hamilton

County spending below the average reported across all the comparison counties. One should note that this measure of average spending will be skewed by the large figure reported in Franklin County.

INMATE MEDICAL

Benchmark Analysis Inmate Medical				
County	2013 Budget Information		2013 Spending Per Capita	
	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$6 ,501,290	\$6 ,501,290	\$8.10	\$8.10
Cuyahoga County	Not Available	Not Available	Not Available	Not Available
Franklin County	\$8,173,441	Not Available	\$7.80	Not Available
Lucas County	\$1,410,540	Not Available	\$3.81	Not Available
Montgomery County	Not Available	Not Available	Not Available	Not Available
Summit County	Not Available	Not Available	Not Available	Not Available
Mean	\$6,570,527	Insufficient Data	\$7.61	Insufficient Data
Deviation From Mean \$	\$3,557,073	Insufficient Data	\$7.34	Insufficient Data
Deviation From Mean %	54.1%	Insufficient Data	96.5%	Insufficient Data

A review of spending for inmate medical services is constrained by limits in available data. We were able to access comparison information on a total funds basis for just Franklin and Lucas County. Hamilton County reported spending on a per-capita basis above which is consistent to comparison counties. We were not able to access information detailing the scope of services encompassed in the Franklin and Lucas County figures and it is possible that the numbers detailed in the table above (Benchmark Analysis Inmate Medical) are not fully comparable.

CHILDREN'S SERVICES

Benchmark Analysis Children's Services						
County	2013 Budget Information		2013 Spending Per Capita		2013 Spending Per Uninsured	
	Total Funds	County Funds	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$73,157,646	\$40,851,322	\$108.01	\$60.31	\$805.03	\$453.93
Cuyahoga County	\$143,797,034	\$67,699,327	\$137.60	\$64.78	\$993.62	\$467.79
Franklin County	\$189,372,113	\$129,519,626	\$180.67	\$123.57	\$1,184.26	\$809.96
Lucas County	\$40,774,247	\$14,405,484	\$110.24	\$38.95	\$782.01	\$276.28
Montgomery County	\$49,600,590	Not Available	\$112.94	Not Available	\$761.80	Not Available
Summit County	\$45,045,000	\$32,824,220	\$100.14	\$72.97	\$749.03	\$545.81
Mean	\$98,429,208	\$57,059,996	\$105.73	\$61.66	\$902.79	\$510.76
Deviation From Mean \$	(\$25,271,562)	(\$21,401,433)	\$2.28	(\$1.35)	(\$97.76)	(\$56.83)
Deviation From Mean %	-25.7%	-28.4%	2.2%	-2.2%	-10.8%	-11.1%

Total Funds children's services budget information was available in each of our identified comparison counties and county spending was found for four of out five comparison counties. Spending on a per-capita basis appears to be fairly consistent across each of our comparison counties with some outliers identified in Franklin and Cuyahoga Counties. Hamilton County spending for children's services appears to be fairly consistent with each of the comparison counties on a per-capita and per-uninsured basis.

PRINCIPAL OBSERVATIONS AND RECOMMENDATIONS

ACA SERVICE COVERAGE OPPORTUNITIES

Hamilton County funds a myriad of services that fall under HMA's proposed definition of health care, many of which remain unaffected by the passage of the ACA. While a small number of services could be funded using other than Hamilton County levy funds, they represent such a small cost relative to overall levy funds that the effort necessary to seek coverage under Medicaid may outweigh the benefits. In addition, the required input, decision-making, and planning that would need to occur between the County and state Medicaid officials could take a number of years to complete, so that there would be a significant delay before services were available. Moreover, the result would yield a tax levy offset ranging from between \$2.3 million and 3.4 million annually, which is only between 0.8% and 1.2% of total levy funds.

In other cases, the actual health care services (or populations receiving such services in certain settings) would not be covered under Medicaid, the Expansion, or on the Exchange. For example, services are not covered when provided to inmates and certain categories of "institutionalized" individuals.

However, language in the ACA describing Qualified Health Plans in the Exchange may provide an opportunity for coverage of pre-adjudicated inmates. Specifically the ACA defines an incarcerated individual (i.e., one no longer eligible for health services paid through their Exchange plan) as "...an individual [who] is incarcerated, other than incarcerated pending disposition of charges." This suggests that someone with existing Exchange coverage could conceivably have some of their health services paid through their Exchange plan. This opportunity may be limited to pharmacy services (where drugs could be accessed through a network pharmacy) or perhaps through an off-site provider in an Exchange plan's network. It is not likely that many of those pre-adjudicated would be enrolled in an Exchange plan, and even if they are, meaningful savings may only be achievable if they are accessing extremely high-cost off site medical or pharmacy services. Nonetheless, the opportunity should be at least examined.

In addition, facilitating timely access to Medicaid eligibility post-release/discharge from non-covered settings is in the best interest of Hamilton County to ensure continuity of care and reduce the likelihood of an individual's continued reliance on a last-resort funding stream. However, the potential levy cost offsets are relatively minor. As an example, County cost savings resulting from more rapid access to certain Medicaid mental health and substance use disorder (SUD) services ranges could yield roughly \$290,000 annually in reduced levy.

OPPORTUNITIES TO REDUCE OVERLAP OR SERVICE DUPLICATION

HMA did not identify levy programs or services that represent inappropriate cross-levy service duplication. Rather, funded services appear to address the specific needs of populations served under each levy program. In addition, our review of information and discussions with County staff and levy-funded services providers reveals that providers are leveraging Medicaid and other funding sources

appropriately and that levy resources are used to pay for services that are not otherwise available under Medicaid or other payers.

BENCHMARKING FINDINGS

HMA reviewed the cost of health care services provided in Hamilton County to those reported by similar counties. HMA reviewed publicly available fiscal year 2013 budget information in five other large Ohio counties with a large urban center (Cuyahoga, Franklin, Summit, Montgomery and Lucas) to see if there was any significant difference in Hamilton County expenditure on health and human service programs when compared against similar counties.

We adjusted spending information to account for differences in population (through a review of spending on a per-capita basis) and for differences in need for support programs targeted to low-income residents (through a review of spending per uninsured person). The results of our analysis was that we did not identify a program where Hamilton County spending exceeded that reported in other large urban counties in Ohio.

OTHER RESOURCES USED

- Tax Levy Performance Review of Hamilton County Developmental Disabilities Services. January 2, 2014.
- State of Ohio, State Plan Amendment #13-0032 (Medicaid Alternative Benefit Plan)
- State of Ohio, State Plan Amendment #13-0025 (Medicaid State Plan Eligibility)
- Anthem Blue Cross Blue Shield Blue Access PPO Health Certificate, 2012.
- Reviews of the Cincinnati Museum Center, Developmental Disabilities and Family Services and Treatment Levies. 6/19/2013.
- The Ohio Medicaid Schools Program. [http://education.ohio.gov/Topics/Finance-and-Funding/Programs/The-Ohio-Medicaid-Schools-Program-\(MSP\)](http://education.ohio.gov/Topics/Finance-and-Funding/Programs/The-Ohio-Medicaid-Schools-Program-(MSP))
- The Transitions Waiver application.
- The SELF Waiver application.
- The Level 1 waiver Renewal.
- Ohio DODD. All About Waiting Lists. Revised May 2012.
- Hamilton County Developmental Disabilities Services Power Point Presentation. 4/6/2014.
- TATC Consulting and Management Partners. Report to the Hamilton County Tax Levy Review Committee – Senior Services Levy. June 4, 2012
- Resolution # 17: Authorizing the County Administrator to Enter Into An Agreement with The Council on Aging of Southwestern Ohio Regarding the Use of the Senior Services Tax Levy Proceeds. Witnessed January 21, 2009
- State of Ohio, State Plan Amendment #13-0032 (Medicaid Alternative Benefit Plan)
- State of Ohio, State Plan Amendment #13-0025 (Medicaid State Plan Eligibility)
- Anthem Blue Cross Blue Shield Blue Access PPO Health Certificate, 2012
- Hamilton County Elderly Services Program 2012 Annual Report
- COA of Southwestern Ohio ESP Expenditure and Utilization Data. Calculations and interpretation by HMA
- Ohio PASSPORT Waiver Application
- Hamilton County Elderly Services Program General Information and Program Guidelines. Rev 9/23/11
- ESP as Funder of Last Resort. Rev 8/28/08
- Hamilton County ESP to PASSPORT Referral and Assessment Procedure. 4/1/2011

APPENDICES

APPENDIX 1. HAMILTON COUNTY ACA SAVINGS ASSUMPTIONS

	2014				COUNTY / CLIENT	MEDICAID ESTIMATE ASSUMPTIONS			SAVINGS ASSUMPTION		
	TOTAL CLIENTS	TOTAL FUNDS	NON CNTY	COUNTY		ACA CLIENT %	ACA DOLLAR %	ASSUME TYPE	CLIENT METHOD	% METHOD	TOTAL
AOD											
Salaries, Benefits & Taxes	0	\$626,289	\$626,289	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Operating Expenses	0	\$15,299	\$15,299	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Building Management - SAMAD	0	\$966,528	\$966,528	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Capital Expenditures - ADAS Center	0	\$53,000	\$53,000	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Alcohol & Drug Addiction Services	0	\$13,669,718	\$10,573,266	\$3,096,452		0.0%	26.2%	DOLLAR	\$0	\$809,722	\$809,722
ODADAS Direct Payments-AoD	0	\$76,254	\$76,254	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
CHILDREN'S SERVICES LEVY											
Children's Services Administration	0	\$0	\$0	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Mandated Share Transfer	0	\$3,531,838	\$0	\$3,531,838		0.0%	0.0%	NONE	\$0	\$0	\$0
CSEA Transfer	0	\$2,223,116	\$0	\$2,223,116		0.0%	0.0%	NONE	\$0	\$0	\$0
Juvenile Court - Hillcrest	0	\$0	\$0	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Juvenile Court - Dependency	0	\$967,313	\$0	\$967,313		0.0%	0.0%	NONE	\$0	\$0	\$0
Public Defender - Guardian Ad Litem	0	\$0	\$0	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Prosecutor - Children's Services Legal	0	\$1,896,000	\$0	\$1,896,000		0.0%	0.0%	NONE	\$0	\$0	\$0
Children with medical handicaps	0	\$0	\$0	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
Out of Home Care, incl managed care	0	\$30,644,976	\$0	\$30,644,976		0.0%	0.0%	NONE	\$0	\$0	\$0
Medical, Food, Rent, Utilities, Furniture	0	\$409,640	\$0	\$409,640		0.0%	0.0%	NONE	\$0	\$0	\$0
Kinship Care Programs	0	\$875,000	\$0	\$875,000		0.0%	0.0%	NONE	\$0	\$0	\$0
Post Adoption Services	0	\$2,050,000	\$0	\$2,050,000		0.0%	0.0%	NONE	\$0	\$0	\$0
MCSA/Beech Acres - Choices Services	0	\$2,000,000	\$0	\$2,000,000		0.0%	60.0%	DOLLAR	\$0	\$1,200,000	\$1,200,000
Independent Living Services	0	\$294,500	\$0	\$294,500		0.0%	0.0%	NONE	\$0	\$0	\$0
Tax Settlement Fee	0	\$622,543	\$0	\$622,543		0.0%	0.0%	NONE	\$0	\$0	\$0
Family and Children First Dues	0	\$5,500	\$0	\$5,500		0.0%	0.0%	NONE	\$0	\$0	\$0
Foster Care	0	\$50,000	\$0	\$50,000		0.0%	0.0%	NONE	\$0	\$0	\$0
Contribution to Mental Health	0	\$1,800,000	\$0	\$1,800,000		0.0%	60.0%	DOLLAR	\$0	\$1,080,000	\$1,080,000
Adopt Ohio/Adoption contracts	0	\$2,873,500	\$0	\$2,873,500		0.0%	0.0%	NONE	\$0	\$0	\$0
Records Check	0	\$0	\$0	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0

	2014					MEDICAID ESTIMATE ASSUMPTIONS			SAVINGS ASSUMPTION		
	TOTAL CLIENTS	TOTAL FUNDS	NON CNTY	COUNTY	COUNTY / CLIENT	ACA CLIENT %	ACA DOLLAR %	ASSUME TYPE	CLIENT METHOD	% METHOD	TOTAL
Reclaim Ohio	0	\$300,000	\$0	\$300,000		0.0%	0.0%	NONE	\$0	\$0	\$0
DEVELOPMENTAL DISABILITY											
Case Management (Service Facilitation)	5,856	\$9,163,212	\$7,415,428	\$1,747,784	\$298.46	0.0%	0.0%	NONE	\$0	\$0	\$0
HCBS Waiver Local Matching Funds	2,632	\$33,308,677	\$0	\$33,308,677	\$12,655.27	0.0%	0.0%	NONE	\$0	\$0	\$0
School Services	202	\$13,333,730	\$8,421,267	\$4,912,463	\$24,319.12	0.0%	0.0%	NONE	\$0	\$0	\$0
Adult Day Array Services	2,400	\$33,996,001	\$10,065,865	\$23,930,136	\$9,970.89	0.0%	0.0%	NONE	\$0	\$0	\$0
Other Waiver-Like Services	119	\$4,912,854	\$958,599	\$3,954,255	\$33,229.03	0.0%	0.0%	NONE	\$0	\$0	\$0
Early Intervention	1,365	\$4,862,103	\$916,687	\$3,945,416	\$2,890.41	0.0%	0.0%	NONE	\$0	\$0	\$0
Family Support	1,179	\$639,741	\$419,761	\$219,980	\$186.58	0.0%	0.0%	NONE	\$0	\$0	\$0
Administration	-	\$14,722,523	\$2,219,879	\$12,502,644		0.0%	0.0%	NONE	\$0	\$0	\$0
Other	-	\$7,755,156	\$0	\$7,755,156		0.0%	0.0%	NONE	\$0	\$0	\$0
Capital Funds Grant	-	\$92,700	\$92,700	\$0		0.0%	0.0%	NONE	\$0	\$0	\$0
FAMILY SERVICES AND TREATMENT LEVY											
Reading Road Program	286	\$3,023,975	\$0	\$3,023,975	\$10,573	0.0%	0.0%	NONE	\$0	\$0	\$0
Drug Court ADAPT Program	0	\$1,755,333	\$0	\$1,755,333		0.0%	13.0%	DOLLAR	\$0	\$228,193	\$228,193
Corrections (Sheriff)	0	\$683,683	\$0	\$683,683		0.0%	0.0%	NONE	\$0	\$0	\$0
Re-Entry Programs	0	\$558,391	\$0	\$558,391		0.0%	0.0%	NONE	\$0	\$0	\$0
Drug Free Communities Program	0	\$378,851	\$0	\$378,851		0.0%	0.0%	NONE	\$0	\$0	\$0
Turning Point and 10 Day DUI Program	0	\$1,127,815	\$0	\$1,127,815		0.0%	0.0%	NONE	\$0	\$0	\$0
INDIGENT CARE LEVY: HOSPITAL SERVICES											
University of Cincinnati Medical Center	0	\$14,900,000	\$0	\$14,900,000		0.0%	50.0%	DOLLAR	\$0	\$7,450,000	\$7,450,000
Cincinnati Children's Hospital Medical Center	0	\$5,200,000	\$0	\$5,200,000		0.0%	50.0%	DOLLAR	\$0	\$2,600,000	\$2,600,000
INDIGENT CARE LEVY: NON-HOSPITAL SERVICES											
Inmate Medical	0	\$6,501,290	\$0	\$6,501,290		0.0%	8.0%	DOLLAR	\$0	\$836,880	\$836,880
Extended Detoxification Program	0	\$2,484,549	\$0	\$2,484,549		0.0%	0.0%	NONE	\$0	\$0	\$0
Juvenile Court Medical Expenses	0	\$1,347,977	\$0	\$1,347,977		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Tuberculosis Control (Clinic)	0	\$933,250	\$0	\$933,250		0.0%	0.0%	NONE	\$0	\$0	\$0
Alternative Interventions for Women	0	\$425,000	\$0	\$425,000		0.0%	75.0%	DOLLAR	\$0	\$338,260	\$338,260
Residential Treatment Program	0	\$396,392	\$0	\$396,392		0.0%	0.0%	NONE	\$0	\$0	\$0
Probate Court Medical	0	\$1,525,000	\$0	\$1,525,000		0.0%	0.0%	NONE	\$0	\$0	\$0
St. Vincent de Paul Charitable Rx	0	\$150,000	\$0	\$150,000		0.0%	75.0%	DOLLAR	\$0	\$131,250	\$131,250
MENTAL HEALTH											
Community Psychiatric Support Treatment	10,100	\$10,029,935	\$0	\$10,028,942	\$993	0.0%	9.8%	DOLLAR	\$0	\$987,750	\$987,750

	2014					MEDICAID ESTIMATE ASSUMPTIONS			SAVINGS ASSUMPTION		
	TOTAL CLIENTS	TOTAL FUNDS	NON CNTY	COUNTY	COUNTY / CLIENT	ACA CLIENT %	ACA DOLLAR %	ASSUME TYPE	CLIENT METHOD	% METHOD	TOTAL
Counseling/Therapy	10,328	\$1,488,180	\$0	\$1,488,036	\$144	0.0%	9.8%	DOLLAR	\$0	\$146,557	\$146,557
Pharmacological Management	8,566	\$1,729,936	\$0	\$1,729,734	\$202	0.0%	9.8%	DOLLAR	\$0	\$170,362	\$170,362
Partial Hospitalization	940	\$627,973	\$0	\$627,306	\$667	0.0%	9.8%	DOLLAR	\$0	\$61,783	\$61,783
Psychiatric Interview/Assessments/Evaluations	8,983	\$3,160,358	\$0	\$3,160,006	\$352	0.0%	9.8%	DOLLAR	\$0	\$311,229	\$311,229
Crisis Intervention	26	\$2,237,670	\$0	\$2,154,793	\$82,877	0.0%	9.8%	DOLLAR	\$0	\$212,226	\$212,226
Residential Treatment and Housing	-	\$9,813,661	\$0	\$9,813,661		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Care Coordination	-	\$1,022,796	\$0	\$1,022,796		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Prevention and Education	-	\$1,676,384	\$0	\$1,676,384		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
In Patient Hospitalization	-	\$1,200,000	\$0	\$1,200,000		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Employment and Vocational Services	-	\$2,688,167	\$0	\$2,688,167		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Consumer Operated and Peer Support	-	\$1,166,608	\$0	\$1,166,608		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
Other Mental Health Services	-	\$5,410,806	\$0	\$5,410,806		0.0%	0.0%	DOLLAR	\$0	\$0	\$0
SENIOR SERVICES											
Environmental Services	40	\$858,909	\$0	\$815,559	\$20,388.98	0.0%	0.0%	NONE	\$0	\$0	\$0
Adult Day Transportation	98	\$115,990	\$0	\$110,136	\$1,123.84	0.0%	0.0%	NONE	\$0	\$0	\$0
Non-Medical Transportation	164	\$3,116,955	\$0	\$2,959,638	\$18,046.57	0.0%	0.0%	NONE	\$0	\$0	\$0
Adult Day Service	204	\$1,323,277	\$0	\$1,256,490	\$6,159.26	0.0%	0.0%	NONE	\$0	\$0	\$0
Independent Living Assistance (IADLs)	209	\$612,871	\$0	\$581,939	\$2,784.40	0.0%	0.0%	NONE	\$0	\$0	\$0
Minor Home Repairs	268	\$48,216	\$0	\$45,783	\$170.83	0.0%	0.0%	NONE	\$0	\$0	\$0
Consumer Directed Care	296	\$8,002,995	\$0	\$7,599,073	\$25,672.54	0.0%	0.0%	NONE	\$0	\$0	\$0
Home Medical Equipment	1,006	\$304,318	\$0	\$288,958	\$287.24	0.0%	0.0%	NONE	\$0	\$0	\$0
Medical Transportation	1,124	\$3,907,268	\$0	\$3,710,063	\$3,300.77	0.0%	0.0%	NONE	\$0	\$0	\$0
Home-delivered Meals	2,527	\$51,919	\$0	\$49,299	\$19.51	0.0%	0.0%	NONE	\$0	\$0	\$0
Emergency Response System	2,738	\$175,220	\$0	\$166,376	\$60.77	0.0%	0.0%	NONE	\$0	\$0	\$0
Home Care Assistance	3,203	\$1,338,113	\$0	\$1,270,577	\$396.68	0.0%	0.0%	NONE	\$0	\$0	\$0
Care Management	5,400	\$283,657	\$0	\$269,341	\$49.88	0.0%	0.0%	NONE	\$0	\$0	\$0
Intake and Assessment	-	\$78,806	\$0	\$74,828.25		0.0%	0.0%	NONE	\$0	\$0	\$0
TOTAL	75659	\$312,818,723	\$43,841,278	\$267,871,754	\$261,374					\$16,209,175	\$16,209,175

