

Access to Care Initiatives								
Title	Description	Administering Agency	Timeline	Location	Funding Source(s)	Funding Distribution	Performance Metrics/ Program Evaluation	Program Utilization
<p>Help Me Grow (HMG) Home Visiting</p> <p><i>(R.C. 3701.61; O.A.C. ch. 3701-8)</i></p> <p><i>(Website: http://www.helpmegrow.ohio.gov/)</i></p>	<p>A voluntary home visiting program that provides first-time parents with incomes <200% of the federal poverty level (FPL), as well as families whose children are at risk for poor birth and poor early childhood outcomes, with information, support, and encouragement.</p>	<p>ODH</p>	<p>The program's origin dates back to 1995, with the establishment of the Ohio Early Start Program. In 2001, the Help Me Grow program was launched. The new program integrated three existing programs (Early Start, Welcome Home, and Early Intervention) under one umbrella. After a review in 2008, the services were restructured to achieve meaningful outcomes in all 88 counties.</p>	<p>Statewide (all 88 counties)</p>	<p>State (GRF); \$17,635,157 was distributed in state fiscal year (SFY) 2015 (this is the maintenance of effort (MOE) amount)</p>	<p>Funds are distributed through fee-for-service contracts with local entities (i.e., local health departments, private agencies).</p>	<p>A draft benchmark plan has been proposed for all home visiting programs receiving ODH funding. ODH has received positive feedback from its federal funders regarding the plan and will be presenting it to stakeholders and providers in March 2016, seeking public comment, with a goal of staged implementation. Regarding goals, the 2013 annual report noted the following comparisons: (a) smoking cessation during pregnancy: 39.1% statewide vs. 50.8% HMG participants, (b) preterm births: 12.3% statewide vs. 1.8% HMG participants, and (c) low birth weight births: 8.6% statewide vs. 5.2% HMG participants. Full report available here: http://cim.legislature.ohio.gov/Assets/Files/hmg-report-2013.pdf</p>	<p><u>SFY 2015</u>: 9,044 families</p>

Commission on Infant Mortality
State Programs that Address Infant Mortality

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Reproductive Health and Wellness Program (R.C. 3701.033) (Website: https://www.odh.ohio.gov/odhprograms/cfhs/rhawp/rhawp.aspx)	A grant program that comprehensively addresses issues of reproductive health and wellness (including family planning) with a focus on populations in greatest need and in alignment with identified priorities.	ODH	For 40 years, ODH has operated a reproductive health and wellness (family planning) program that receives Title X federal grant dollars; the program is ongoing, with the current grant year ending 3/31/16. The new grant year starts 4/4/16.	Agencies in all counties may apply; currently, 34 agencies at 64 sites in 50 counties are funded.	Federal (Title X grant and Maternal and Child Health Block Grant) and State (GRF); \$1,954,247 was distributed in SFY 2015	Funds are distributed as grants to local health departments, community action agencies, and nonprofit organizations.	Evaluations vary by grantee: each grantee has a detailed work plan that delineates the evaluation metrics and goals to be achieved. Technical assistance visits are conducted annually onsite. A comprehensive audit is conducted every three years. In addition, grantees must submit to ODH their interim and end-of-year grant reports that include an evaluation of services specified in the work plan.	<u>Calendar year (CY) 2015 (estimated)</u> : 33,000 clients
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Child Nutrition Act of 1966, 42 United States Code (U.S.C.) 1786; R.C. 3701.132) (Website: https://www.odh.ohio.gov/odhprograms/ns/wicn/wic1.aspx)	WIC provides all of the following to income-eligible pregnant women, women who have recently given birth, infants, and at-risk children up to age 5: nutrition education, breastfeeding education, and support; supplemental, highly nutritious foods; and referrals to prenatal and pediatric health care and other maternal and child health and human service programs. Ohio has the ninth largest WIC program in the U.S.	ODH	Started in 1974; is ongoing	Statewide (all 88 counties)	Federal (U.S. Department of Agriculture) funds; \$225,823,955 was distributed in SFY 2015	WIC Nutrition Services and Administration (NSA) funds are distributed as local subrecipient grants each federal fiscal year (FFY) through ODH's grant solicitation process. Food funds are also provided through infant formula, infant cereal, and infant food rebates.	The U.S. Food and Nutrition Service (FNS) produces biennial reports on participant and program characteristics. FFY 2014 monthly average – 250,370 persons (women: 58,859, infants: 65,820, and children: 125,691). The 2014 report specified that 56.8% of WIC infants in Ohio (aged 6-13 mos.) were currently being breastfed or had been breastfed. WIC Participant and Program Characteristics 2012 Final Report available here: http://cim.legislature.ohio.gov/Assets/Files/wic-report-2012.pdf	Number of persons served: <u>2017 (estimated)</u> : 243,000 <u>2016 (estimated)</u> : 242,500 <u>2015</u> : 244,029 <u>2014</u> : 250,370 <u>2013</u> : 263,684 <u>2012</u> : 275,902 <u>2011</u> : 281,306 <u>2010</u> : 297,672 <u>2009</u> : 303,679 <u>2008</u> : 292,937

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Medicaid Coverage	Provides health care coverage to adults 19-64 years of age with incomes up to 138% FPL, pregnant women to 200% FPL, children without insurance up to 206% FPL, children with insurance up to 156% FPL, among others.	ODM	Ongoing	Statewide (all 88 counties)	State (GRF), federal (GRF), and other non-GRF state sources	The state pays managed care plans a monthly capitated rate. Managed care providers are paid by managed care plans after submitting managed plan encounters. Fee-for-service providers are paid by the state after submitting claims.	Each managed care plan must: --Submit to ODM data that enables ODM to calculate standard measures as defined in Appendix M of the managed care provider agreement; --Submit to ODM self-reported, audited Healthcare Effectiveness Data and Information Set (HEDIS) data; and --Measure, analyze, and track performance indicators that reflect Ohio Medicaid's Quality Strategy clinical focus areas (one of which is high-risk pregnancies/premature births). For the fee-for-service program, specific performance measures were not identified; however, ODM reported that program evaluation and quality improvement are included in the existing fee-for-service Medicaid program.	As of 12/2015, Medicaid covered almost 3.0 million individuals. Of this amount, 1.8 million were part of the Covered Families and Children category and over 385,000 were part of the Aged, Blind, and Disabled category.
Medicaid Presumptive Eligibility for Pregnant Women (R.C. 5163.10) (Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120)	Provides temporary Medicaid coverage to pregnant women for the purpose of ensuring access to prenatal care while Medicaid eligibility applications are processed. Also recognizes new qualified entities that may establish Medicaid eligibility.	ODM	Started 4/1/12; is ongoing	Statewide through qualified entities. Qualified entities include hospitals, federally qualified health centers (FQHCs), and FQHC look-alikes.	State (GRF) and federal (GRF)	Fee-for-service providers are paid by the state after submitting claims.	Number of women determined eligible who were enrolled. Qualified entities may lose their ability to presumptively enroll if 15% or more of the enrolled individuals fail to file a Medicaid application for ongoing coverage within 90 days or if 15% or more are found ineligible for Medicaid by a county job and family services caseworker.	<u>CY 2014</u> : 4,396 women were enrolled in the "Presumptive Pregnant Women" category.

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<p>Healthchek (Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program)</p> <p><i>(O.A.C. ch. 5160-14)</i></p> <p><i>(Website: http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx)</i></p>	<p>A program for Medicaid recipients up to age 21 that emphasizes the importance of prevention (through early screening for medical, dental, and behavioral health conditions) and the timely treatment of conditions that are detected.</p>	<p>ODM</p>	<p>Started in 1967; is ongoing</p>	<p>Statewide (all 88 counties)</p>	<p>Children on SCHIP: federal match is 96.73% until the end of FFY 2018; after that, reverts to 73.73%. Children on regular Medicaid: federal match is 62.47% for FFY 2016</p>	<p>The state pays managed care plans a monthly capitated rate. Managed care providers are paid by managed care plans after submitting managed plan encounters. Fee-for-service providers are paid by the state after submitting claims.</p>	<p>ODM is required to complete and file Form 416 annually. This reports the number of children receiving health screening services, dental and oral health services, and referrals for corrective treatment, as well as the state's rate of meeting EPSDT participation goals.</p> <p>The form filed in 2014 is available here: http://cim.legislature.ohio.gov/Assets/Files/healthchek-form-416-for-2014.pdf</p>	<p><u>SFY 2014</u>: 1,486,091 individuals ages 20 and under.</p> <p>37% of those eligible to receive at least one initial or periodic screening received that screening.</p>
<p>Newborn Screening</p> <p><i>(R.C. 3701.501; O.A.C. ch. 3701-45)</i></p> <p><i>(Website: https://www.odh.ohio.gov/odhprograms/phl/newbrn/nbrn1.aspx)</i></p>	<p>A program that performs testing for 36 metabolic, endocrine, and genetic disorders on every newborn infant born in Ohio. A 37th disorder, Krabbe disease, will be added to the panel beginning 7/1/16.</p>	<p>ODH</p>	<p>Started in 1965; is ongoing</p>	<p>Statewide (all 88 counties)</p>	<p>State (non-GRF) and federal (a portion of the fees assessed for newborn screenings pays for this program); \$4,149,218 was distributed in SFY 2015</p>	<p>N/A</p>	<p>Not relevant, because the Genetic Services Program follows up with parents and providers based on test results reported by this program.</p>	<p>Approximately 140,000-145,000 newborn infants are screened each year, and about 3,000 of those are identified as "at risk" and referred for diagnostic testing.</p> <p>Approximately 250-300 newborn infants are annually diagnosed with one of the disorders included in the panel.</p>