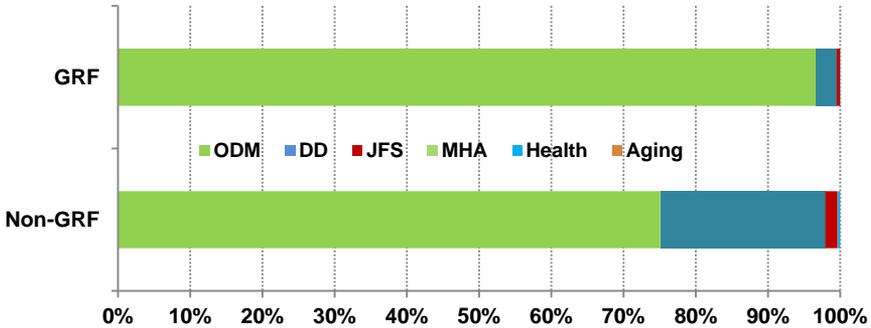


## Department of Medicaid Disburses the Majority of Payments for Ohio Medicaid

Medicaid Expenditures by Agency, FY 2016

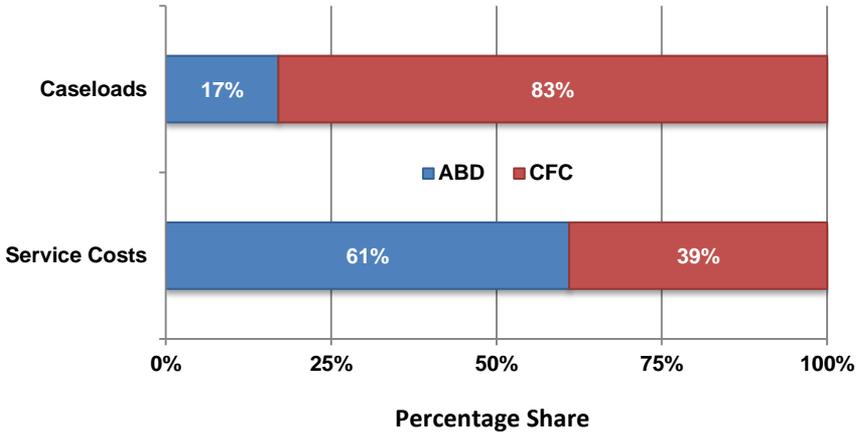


Source: Ohio Administrative Knowledge System

- GRF Medicaid expenditures were \$17.00 billion in FY 2016, of which 96.6% (\$16.42 billion) was disbursed by the Ohio Department of Medicaid (ODM). Non-GRF Medicaid expenditures were \$8.30 billion in FY 2016, of which 75.1% (\$6.23 billion) was disbursed by ODM. Across all funds, Medicaid expenditures totaled \$25.29 billion. ODM accounted for 89.6% of this total.
- Ohio Medicaid is administered by ODM with the assistance of five other state agencies – Developmental Disabilities (DD), Job and Family Services (JFS), Mental Health and Addiction Services (MHA), Health, and Aging – and various local entities.
- The Department of Developmental Disabilities had the second largest share of Medicaid expenditures, accounting for 2.9% (\$490.6 million) of the GRF total, 22.9% (\$1.90 billion) of the non-GRF total, and 9.4% of the all funds total. Together, ODM and DD accounted for 99.0% of the all funds total. The remaining 1.0% was accounted for by the other four agencies.
- In FY 2016, 96.7% of total Medicaid expenditures were for services. Managed care had the largest share of expenditures at \$13.74 billion (54.3%) including \$3.83 billion for the Medicaid expansion population called Group VIII, followed by hospitals at \$2.86 billion (11.3%) across all funds.
- GRF Medicaid expenditures are paid by the combination of state and federal resources. Of the \$17.00 billion GRF Medicaid expenditures in FY 2016, \$11.67 billion (68.6%) came from federal reimbursements and \$5.33 billion (31.4%) was funded with state resources. For FY 2016, Group VIII expenditures were fully reimbursed by the federal government.
- In FY 2016, the federal and state shares of all funds Medicaid expenditures were 69.3% and 30.7%, respectively.

## Aged, Blind, and Disabled Account for 17% of Medicaid Caseloads but 61% of Service Costs

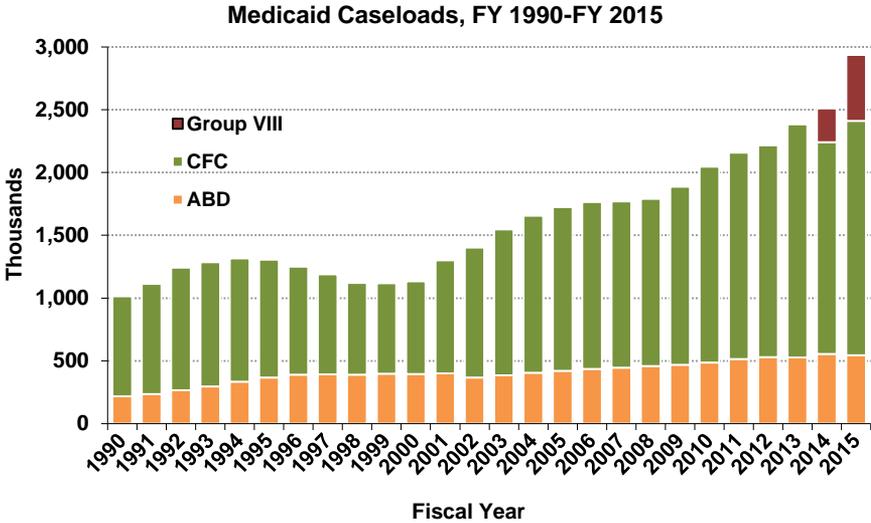
ABD and CFC Shares of Medicaid Caseloads and Service Costs, FY 2014



Source: Ohio Department of Medicaid

- In FY 2014, the aged, blind, and disabled (ABD) population made up 17% of the Medicaid caseloads in Ohio but accounted for 61% of the service costs. In contrast, the covered families and children (CFC) population made up 83% of the Medicaid caseloads but only accounted for 39% of the service costs.
- Ohio Medicaid caseloads totaled 2.5 million in FY 2014, of which approximately 438,000 were ABD and 2.1 million were CFC. Of the \$17.37 billion in total Medicaid service costs in FY 2014, \$10.53 billion was incurred for the benefits of the ABD population and the remaining \$6.84 billion was incurred for the CFC population.
- Ohio Medicaid provides health insurance coverage to the ABD and CFC populations. The ABD population includes low-income elderly who are age 65 or older and individuals with disabilities. The CFC population includes low-income children and adults who are age 64 or younger.
- In FY 2014, the average monthly Medicaid service cost was approximately \$2,002 for an ABD member compared to \$275 for a CFC member.
- The cost of long-term care is one of the main reasons for the higher expense of the ABD population. To illustrate, expenditures on nursing facilities alone, which are almost entirely for the benefit of the ABD population, accounted for 13.9% of the total Medicaid service expenditure in FY 2014.

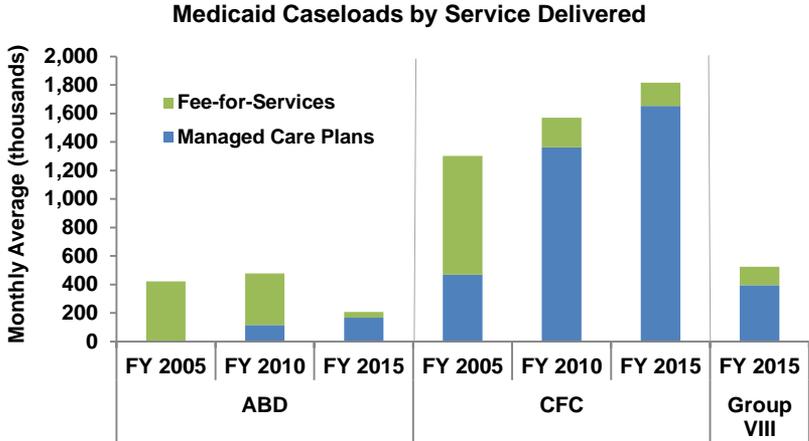
## Medicaid Caseloads Continue to Increase



*Source: Ohio Department of Medicaid*

- In FY 2015, total Medicaid caseloads grew by 17.0% (427,000) to 2.94 million. The majority of this increase was the result of Medicaid expansion that started in January 2014, which allowed previously ineligible adults between the ages of 19 to 64 with incomes below 138% of the federal poverty level to qualify for coverage (Group VIII).
- During the previous four-year period from FY 2011 to FY 2014, total caseloads grew at an average annual rate of 5.2% as the economy gradually improved following the Great Recession.
- Due to the Great Recession, total caseloads increased by 6.4% per year on average from FY 2008 to FY 2011. Medicaid caseloads also increased rapidly in the early 2000s as a result of the economic slowdown and several eligibility expansions for family and child coverage. From FY 2000 to FY 2004, total caseloads increased by 10.0% per year on average.
- From FY 1990 to FY 2015, total caseloads increased by 189.7%, from 1.01 million to 2.94 million.
- Due to the decline in the Ohio Works First cash assistance caseload as a result of welfare reform, CFC (covered families and children) caseloads declined steadily in the late 1990s, reaching a low of 723,000 in FY 1999.
- ABD (aged, blind, and disabled) caseloads grew 11.1% annually, on average, in the first half of the 1990s. Growth slowed to 1.5% per year on average from FY 1995 to FY 2000, followed by annual growth averaging 2.2% during the next 15-year period.

## Medicaid Managed Care Caseloads Continue to Expand

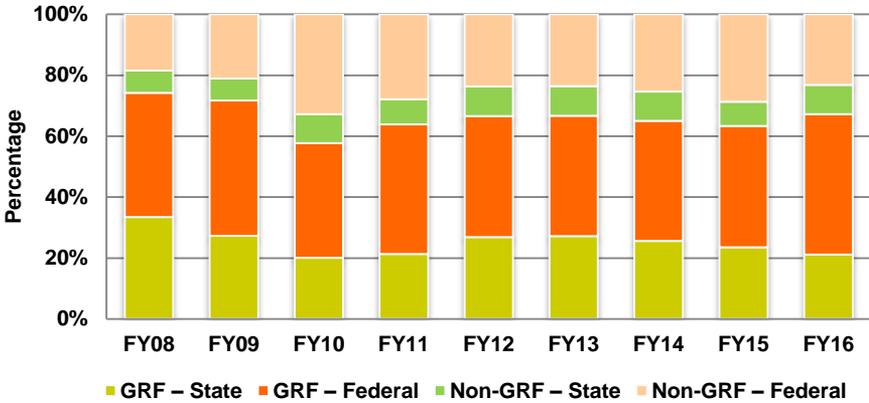


Sources: Ohio Department of Job and Family Services; Ohio Department of Medicaid

- Following statewide expansions implemented in FY 2006 and FY 2014, Medicaid managed care caseloads increased by 370% from FY 2005 to FY 2015. As a share of total Medicaid caseloads, the managed care portion increased from 27% in FY 2005 to 87% in FY 2015.
- For the covered families and children (CFC) category, managed care caseloads grew from 469,000 in FY 2005 to 1.7 million in FY 2015, increasing its share from 36% to 91%. For the aged, blind, and disabled (ABD) category, managed care caseloads grew from 2,000 to 168,000, increasing its share from 0.5% to 81%. Under the new Group VIII category, managed care caseloads were 395,000 in FY 2015, or 75% of the Group VIII caseload total.
- H.B. 66 of the 126th General Assembly required that the CFC population and certain ABD populations be enrolled in managed care plans.
- Medicaid expansion through the federal Affordable Care Act began in January 2014 in Ohio. These individuals (Group VIII) are generally enrolled in managed care, but can receive services through fee-for-service until they choose a Medicaid managed care plan.
- Under the fee-for-service system, Medicaid reimburses health care service providers for approved medical services and products based on set fees for the specific types of services rendered.
- Under the managed care system, a Medicaid enrollee typically receives all care through a single point of entry. The state pays a fixed monthly premium per enrollee for any health care included in the benefit package, regardless of the amount of services actually used.

## The GRF Is the Main Funding Source for Ohio Medicaid

### Medicaid Expenditures by Fund Group

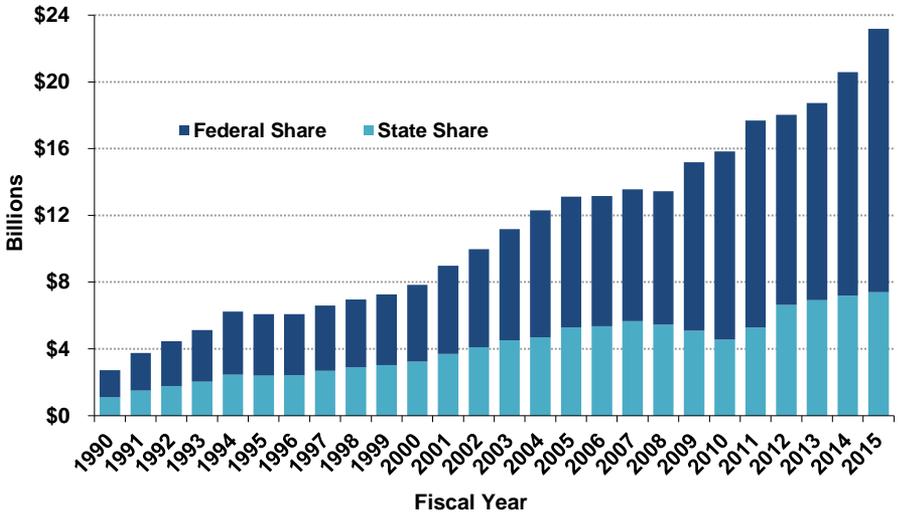


Sources: Ohio Department of Medicaid; Ohio Administrative Knowledge System

- Ohio Medicaid is mainly funded by the GRF but it is also supported by various non-GRF funds. From FY 2008 to FY 2016, on average approximately two-thirds of Medicaid expenditures were made from the GRF, which consists of state tax receipts, state nontax receipts, and federal grants. The vast majority of federal grants deposited into the GRF are federal reimbursements for Medicaid.
- The lowest GRF share during this nine-year period was recorded in FY 2010 at 57.7% due to the fact that enhanced federal reimbursements for Medicaid during the Great Recession were largely deposited into non-GRF funds.
- The GRF share increased from 63.3% in FY 2015 to 67.2% in FY 2016 due largely to an accounting practice change related to Group VIII individuals who became eligible for Ohio Medicaid beginning in January 2014 through the ACA expansion. Medicaid expenditures for these individuals were accounted for in non-GRF funds in FY 2014 and FY 2015 but in the GRF beginning in FY 2016.
- The practice of depositing federal reimbursements for Medicaid expenditures made with state GRF dollars into the GRF started in FY 1976. Since then GRF appropriations for Medicaid include both state and federal dollars.
- State non-GRF funds for Medicaid come from sources such as hospital assessments and nursing facilities franchise fees that have specific purposes. Federal non-GRF funds for Medicaid are federal reimbursements for expenditures made with non-GRF funds.

## Medicaid Expenditures Continued to Rise in FY 2015

### Medicaid Expenditures, FY 1990-FY 2015

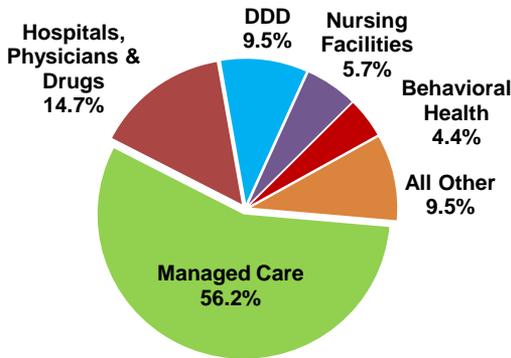


Source: Centers for Medicare & Medicaid Services

- Ohio's Medicaid expenditures continued to rise rapidly in FY 2015 due largely to the ACA Medicaid coverage expansion for Group VIII, which began in January 2014. Total expenditures increased by 9.9% from FY 2013 to FY 2014 and by 12.6% from FY 2014 to FY 2015. In contrast, expenditures grew by just 2.9% per year from FY 2011 to FY 2013 as the economy gradually expanded following the Great Recession.
- Medicaid expenditures in FY 2015 totaled \$23.2 billion, over eight times greater than FY 1990 expenditures of \$2.7 billion. The average annual growth rate during this period was 9.2%.
- Medicaid expenditures also rose rapidly in the early 1990s and 2000s, averaging 23.2% per year from FY 1990 to FY 1994 and 10.9% per year from FY 2000 to FY 2005. Those high growth rates were a result of an economic downturn, increasing health care costs, and eligibility expansions.
- Since FY 1990, the federal government has reimbursed around 60% of Ohio's Medicaid expenditures. For Group VIII, the federal government will reimburse 100% through 2016, gradually stepping down to 90% by 2020. The non-Group VIII federal share is determined annually based upon the most recent per capita income for Ohio relative to that of the nation; the federal share has been around 64% in recent years. From October 1, 2008 to June 30, 2011, federal reimbursement for Medicaid was enhanced under the American Recovery and Reinvestment Act of 2009 and P.L.111-226.

## Managed Care Comprises Over Half of Total Medicaid Service Expenditures

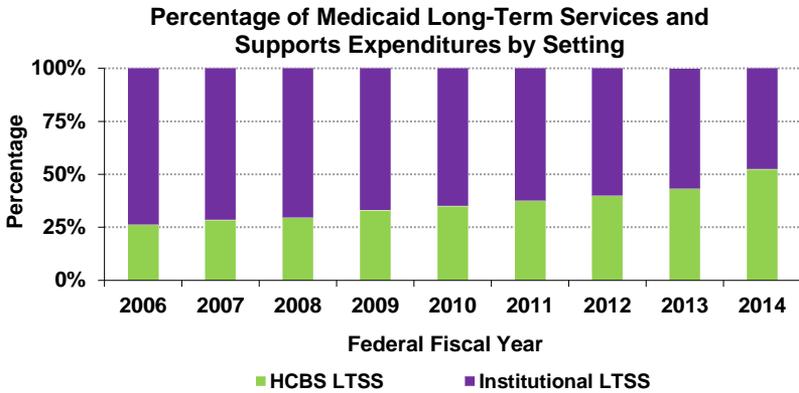
Medicaid Service Expenditures by Category, FY 2016



Source: Ohio Administrative Knowledge System

- In FY 2016, Medicaid service (excluding administration) expenditures totaled \$24.5 billion. Managed Care comprised the largest share at \$13.7 billion (56.2%), including \$3.8 billion (15.7%) for Ohioans (Group VIII) who became eligible for Medicaid through the federal Affordable Care Act (ACA).
- The ACA expansion, which started in January 2014 in Ohio, extended Medicaid benefits to previously uncovered Ohioans who earn less than 138% of the federal poverty level. The Group VIII caseload averaged 677,000 in FY 2016. The federal reimbursement rate for this group is 100% through 2016, 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and beyond.
- In FY 2016, spending totaled \$2.9 billion (11.7%) for Hospitals, \$468.2 million (1.9%) for Prescription Drugs, and \$259.7 million (1.1%) for Physicians, all encompassing fee-for-service expenditures.
- Spending by the Department of Developmental Disabilities (DDD), which totaled \$2.3 billion (9.5%) in FY 2016, funds Medicaid waivers and intermediate care facilities for individuals with intellectual disabilities.
- Spending on Nursing Facilities totaled \$1.4 billion (5.7%) in FY 2016 and primarily serves the aged, blind, and disabled population. Medicaid is the largest payer of nursing facilities in Ohio.
- Behavioral Health spending, which totaled \$1.1 billion (4.4%) in FY 2016, supports enrollees with mental health or addiction-related needs.
- The \$2.3 billion spending in the All Other category includes \$472.9 million (1.9%) for Medicare Buy-In, which assists certain enrollees with premiums, deductibles, and coinsurance payments, and \$305.6 million (1.2%) for Medicare Part D, which repays the federal government the amount the state would have spent on Medicaid prescription drugs for dual eligible enrollees.

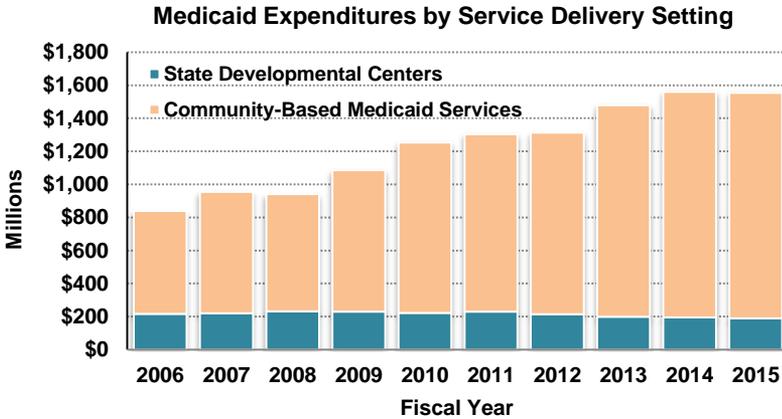
## Percentage of Medicaid Expenditures for Home and Community-Based Services Increases Steadily



*Source: Centers for Medicare & Medicaid Services*

- The home and community-based service (HCBS) share of Medicaid long-term services and supports (LTSS) expenditures increased steadily from 26.2% in FFY 2006 to 52.4% in FFY 2014. In contrast, the percentage expended on institutional LTSS decreased from 73.8% in FFY 2006 to 47.6% in FFY 2014.
- LTSS are medical and personal care services and supports provided to individuals with chronic illnesses or limitations who need assistance with activities of daily living such as meal preparation, medication administration, and bathing. LTSS are provided in institutional facilities (nursing facilities or intermediate care facilities for individuals with intellectual disabilities) or in the home or community through programs such as PASSPORT, MyCare Ohio, or Individual Options.
- Institutional LTSS generally cost more than HCBS LTSS due largely to room and board costs in an institutional setting. In state fiscal year 2014, the average annual cost for institutional care was approximately \$57,300 per person compared with \$25,500 per person for HCBS.
- In June 2013, Ohio was awarded \$169.1 million in additional federal Medicaid reimbursements through the Balancing Incentive Program (BIP), which requires at least 50% of a state's total Medicaid LTSS expenditures to be for HCBS by September 30, 2015. Ohio achieved this milestone on September 10, 2014.
- Additional BIP requirements include establishing a no-wrong-door/single-entry-point into the LTSS system, implementing case management services that are free of conflicts of interest, and creating a standardized assessment tool for determining an individual's level of care need.

## Spending on Community-Based Services Increases as Spending on State Developmental Centers Stagnates

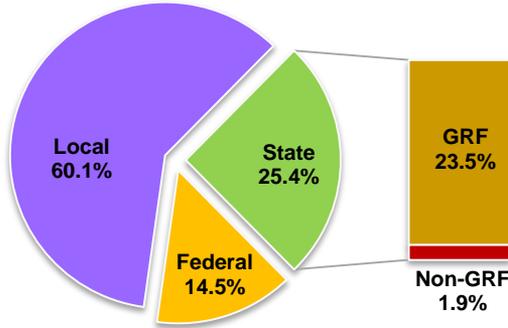


*Source: Ohio Department of Developmental Disabilities*

- From FY 2006 to FY 2015, Medicaid expenditures for home and community-based services for individuals with developmental disabilities increased 120% from \$621.7 million to \$1.37 billion, while expenditures for individuals in state developmental centers (DCs) decreased 13% from \$217.6 million to \$190.4 million.
- The Department of Developmental Disabilities (DODD) administers four community-based Medicaid waiver programs that enable individuals with developmental disabilities to remain in their homes or community settings. These programs provide services to increase skills, competencies, and self-reliance and to maximize quality of life while ensuring health and safety.
- Enrollment in DODD's waiver programs grew from about 19,000 in FY 2006 to 35,200 in FY 2015, an increase of 85%.
- DODD currently operates ten regional DCs that provide habilitative environments for individuals with severe disabilities. However, two of these DCs are scheduled to close by the end of FY 2017. In FY 2006, there were about 1,605 residents living in DCs. By FY 2015, the number of residents was 888, a decrease of 45%.
- In FY 2015, the average monthly cost of an individual in a DC was about \$16,500, while the average monthly cost of an individual on a waiver was about \$1,200 for Level 1, \$5,800 for Individual Options, \$1,800 for Transitions DD, and \$1,500 for the Self-Empowered Life Funding waivers.
- In addition to state developmental centers and home and community-based services, Medicaid also pays for individuals in private intermediate care facilities. In FY 2015, payments to these facilities totaled \$538.6 million.

## Locals Provided 60% of Funding for Non-Medicaid Behavioral Health Services in FY 2015

### Non-Medicaid Behavioral Health Services Spending by Funding Source, FY 2015

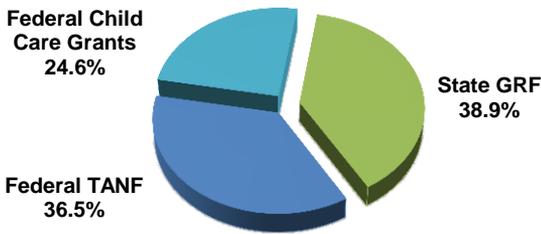


Sources: Ohio Department of Mental Health and Addiction Services; Ohio Department of Medicaid

- In FY 2015, non-Medicaid behavioral health services funding totaled \$564.3 million. Local levies and other county funds comprised \$339.3 million (60.1%) of the total. State funds accounted for \$143.1 million (25.4%) of the total, including \$132.3 million (23.5%) from the GRF and \$10.8 million (1.9%) from various non-GRF funds. The federal government provided the remaining \$81.9 million (14.5%).
- The Ohio Department of Mental Health and Addiction Services (OMHAS) is responsible for ensuring that behavioral health services are available across the state through a system of local behavioral health boards and state psychiatric hospitals.
- In FY 2015, 51 community-based behavioral health boards served over 529,000 individuals across the state. Boards contract with various service providers to deliver behavioral health services to clients in the community.
- OMHAS operates six regional psychiatric hospitals to provide inpatient services. During FY 2015, state hospitals served 8,334 individuals. Average daily cost per resident was \$597.95.
- Behavioral health services are also provided under Medicaid. In FY 2015, about 418,000 of the individuals served by the behavioral health services system operated by OMHAS were eligible for Medicaid. The costs for serving those individuals totaled \$965.9 million. Of this total, \$687.4 million (71.2%) was the federal share of Medicaid payments and \$278.5 million (28.8%) was the state share.

## Majority of Subsidized Child Care Was Funded by Federal Grants in FY 2015

### Child Care Expenditures by Funding Source, FY 2015



Sources: Ohio Department of Job and Family Services; Ohio Administrative Knowledge System

- Of the \$575.0 million Ohio spent on subsidized child care in FY 2015, \$351.3 million (61.1%) was from federal funds. In that year, a monthly average of 113,751 children received subsidized child care, at an average monthly cost of \$421 per child.
- The federal TANF Block Grant portion totaled \$209.9 million, accounting for 59.7% of federal child care funding and 36.5% of the combined state-federal total. Ohio's TANF Block Grant is \$728 million per year and is also used for cash assistance and other programs for the indigent.
- Federal Child Care and Development Fund (CCDF) grants accounted for \$141.4 million (24.6%) of the total. There are three separate CCDF grants: a discretionary grant, a mandatory grant, and a matching grant.
- State GRF dollars accounted for the remaining \$223.7 million (38.9%). Ohio is required by the federal government to expend approximately \$84.7 million each year to receive the CCDF mandatory and matching grants.
- For families enrolled in or transitioning out of the Ohio Works First Program, child care is guaranteed, but for most families, eligibility is based on income level. Families with incomes up to 130% of the federal poverty level (\$26,208 annually for a family of three in 2016) are eligible for initial services if funding is available; families may remain eligible until their incomes rise above 300% FPL (\$60,480 annually for a family of three in 2016). Families pay copayments to providers on a sliding scale based on income.
- The federal CCDF grants are also used for administration, quality activities, and other nondirect services. Quality activities include licensing, inspecting, and rating of child care centers and programs. Nondirect services include eligibility determination, rate setting, and staff training. Federal guidelines cap spending for administration at 5% of CCDF funds and require at least 4% to be used to improve child care quality. However, there currently is no specific spending target for nondirect services.

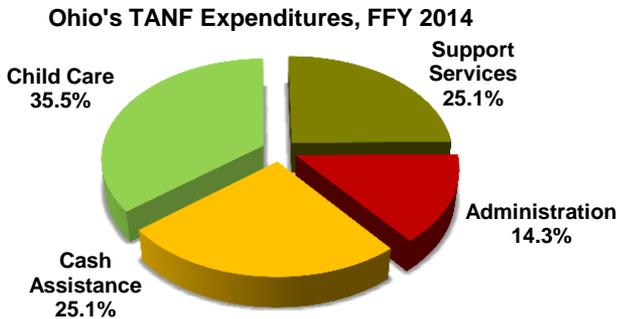
## Ohio's Percentage of Preterm Births and Infant Mortality Rate Exceed National Statistics

Ohio Infant Health Statistics by Race/Ethnicity		
Category	Ohio	U.S.
% of Preterm Births, 2014	10.3%	9.6%
Non-Hispanic White	9.5%	8.9%
Non-Hispanic Black	13.8%	13.2%
Hispanic	10.2%	9.0%
Infant Mortality Rate (per 1,000 births), 2011-2013	7.6	6.0
Non-Hispanic White	6.3	5.1
Non-Hispanic Black	13.6	11.3
Hispanic	6.9	5.1

Sources: Kaiser Family Foundation State Health Facts; Ohio Department of Health

- In 2014, 10.3% of all births in Ohio were preterm births (less than 37 weeks of gestation) compared to the national average of 9.6%. Similar to the national pattern, the percentage of preterm births in Ohio for non-Hispanic black infants (13.8%) was higher than the percentage for both non-Hispanic white (9.5%) and Hispanic (10.2%) infants.
- In 2014, there were a total of 14,302 preterm births in Ohio. Preterm birth makes infants more vulnerable to developmental and medical problems. The average health care cost in the first year of life for a premature infant is approximately \$38,400 as compared to \$4,000 for a full-term, healthy infant.
- During 2011-2013, Ohio's overall infant mortality rate of 7.6 (infant deaths per 1,000 live births) ranked 5th highest among the states and was higher than the national rate of 6.0. The rate for non-Hispanic blacks in Ohio and in the United States was more than twice the rate for non-Hispanic white infants.
- The leading medical causes of infant mortality are premature birth, birth defects, and sudden unexpected infant deaths, including sudden infant death syndrome and accidental rollover or suffocation. Factors such as poverty, maternal smoking, lack of education and prenatal care, and poor nutrition may increase the risk of infant mortality.

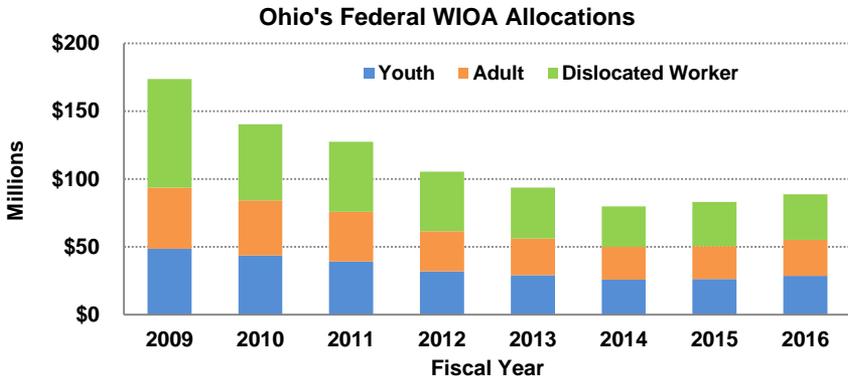
## Child Care Accounted for Almost 36% of Ohio's TANF Expenditures in Federal Fiscal Year 2014



Source: U.S. Department of Health and Human Services

- In FFY 2014, subsidized child care accounted for \$399.4 million (35.5%) of Ohio's \$1.13 billion in total Temporary Assistance for Needy Families (TANF) expenditures. Subsidized child care is available to children in families with incomes up to 130% of the federal poverty level (\$26,208 for a family of three in 2016). An average of 113,000 children received subsidized child care each month in state fiscal year 2014. In addition to TANF dollars, other state and federal funds are also used to pay child care providers.
- Cash assistance payments provided under the Ohio Works First (OWF) program, accounted for \$282.6 million (25.1%) of total TANF expenditures in FFY 2014. During this same year, an average of 63,123 assistance groups received OWF benefits each month with an average monthly benefit of \$373.
- Eligible OWF assistance groups must include a minor child or pregnant woman and have income of no more than 50% of the federal poverty level (\$10,080 for a family of three in 2016). Heads-of-households must sign a self-sufficiency contract that includes a work plan. Benefits are time-limited to 36 months, but time and income limits and work requirements do not apply to "child-only" cases, in which a relative caregiver receives the benefit on behalf of a child.
- Support services (\$282.3 million) are short-term noncash benefits provided at the local level and may include shelter, job-required clothing, household necessities, home repair, transportation, and other services allowable under federal law. Administration (\$161.0 million) includes both state and local activities such as eligibility determination and case management.
- Ohio's TANF resources total about \$1.15 billion each year: \$728 million from the federal TANF Block Grant and \$417 million in state funds to meet the TANF maintenance of effort requirement.

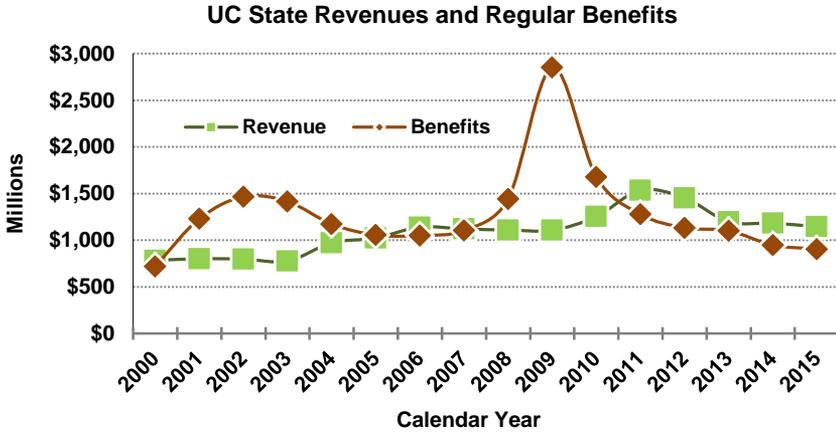
## Ohio's Federal Workforce Innovation and Opportunity Act Grants Increased in the Last Two Years



Sources: U.S. Department of Labor; Federal Funds Information for States; ODJFS

- Ohio's federal Workforce Innovation and Opportunity Act (WIOA) grants, which superseded the Workforce Investment Act (WIA), increased 4.2% in FY 2015 and 6.8% in FY 2016, reversing a trend of annual decline that started in FY 2010. From FY 2009 to FY 2014, Ohio's WIA grants decreased 54.1% from \$173.7 million to \$79.8 million.
- Ohio's WIOA grants in FY 2016 totaled \$88.9 million, including \$28.6 million for Youth, \$26.5 million for Adults, and \$33.8 million for Dislocated Workers.
- The increases seen over the last two fiscal years are the result of the passage of WIOA, which consolidated funding from other federal workforce programs and resulted in a higher WIOA allocation nationally. Ohio's share of the increase in available funds was partially offset by the state's decreased proportion of unemployed and economically disadvantaged youth and adults compared to other states. WIOA grants are largely distributed based on each state's share of the total unemployed and economically disadvantaged nationwide.
- WIOA is administered at the state level by the Ohio Department of Job and Family Services (ODJFS) and locally by 20 regional workforce investment boards. Service delivery is provided by 90 local OhioMeansJobs (One-Stop) centers, with at least one center in each county.
- ODJFS is required to distribute 85% of the state's total annual WIOA grants to Ohio's workforce investment boards for service delivery. Boards have two years to expend WIOA grants. The remaining WIOA dollars are used by ODJFS to help areas in the state that experience mass layoffs (10%) and for administration and other statewide workforce programs (5%). ODJFS may expend WIOA funds over three years for these purposes.

## Ohio's Unemployment Compensation Revenues Exceeded Benefit Payments the Last Five Years



*Source: Ohio Department of Job and Family Services*

- The state's regular unemployment compensation (UC) revenues have exceeded benefits every year since 2011. In 2015, UC revenues totaled \$1.14 billion, \$240.2 million higher than net benefit payments of \$904.2 million.
- Benefits peaked in 2009 at \$2.85 billion, almost 3.2 times the total paid in 2015, while revenue peaked in 2011 at \$1.54 billion, 1.3 times the total collected in 2015. Generally, revenues decrease during periods of relative economic strength, as employers' state tax rates are adjusted downward to compensate for the decline in benefits paid out.
- State UC revenue is derived from taxes paid by Ohio employers on the first \$9,000 of each employee's wages. Rates are set in state law and are based on an employer's "experience" of unemployment. In 2015, the tax rates ranged from 0.3% to 8.6% and averaged about 2.6%, or \$235 per employee.
- During years of shortfall, the state draws down the balance in Ohio's Unemployment Compensation Fund to pay benefits. The balance of the fund peaked in August 2000, at \$2.42 billion, and steadily declined until January 2009, when the fund was depleted.
- Upon depletion, Ohio began borrowing from the federal government to pay benefits. Ohio borrowed a total of \$3.39 billion. The entire loan was paid off by the end of August 2016.
- Interest on borrowed amounts, which totals \$257.7 million, must be paid with state funds. The federal government waived interest in 2009 and 2010.

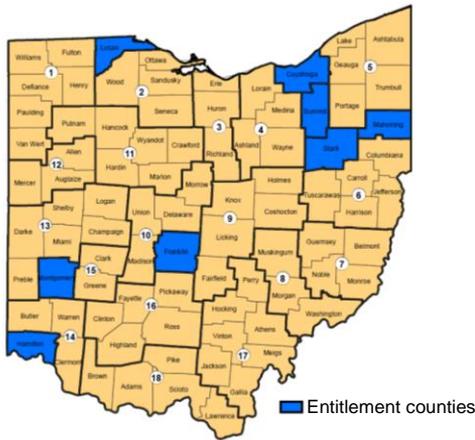
## Workers' Compensation Claims and Benefits Paid Are Declining

<b>Workers' Compensation Benefits and Claims, FY 2011-FY 2015</b>					
	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>Benefits (\$ in millions)</b>					
Medical	\$778.9	\$748.9	\$705.8	\$662.3	\$615.5
Lost Time	\$1,053.7	\$1,078.7	\$1,076.0	\$1,061.4	\$1,033.1
<b>Total</b>	<b>\$1,832.6</b>	<b>\$1,827.6</b>	<b>\$1,781.8</b>	<b>\$1,723.7</b>	<b>\$1,648.6</b>
<b>Number of New Allowed Claims</b>					
<b>Total</b>	<b>104,835</b>	<b>101,165</b>	<b>97,041</b>	<b>97,572</b>	<b>93,936</b>
<b>Number of Open Claims</b>					
<b>Total</b>	<b>1,129,873</b>	<b>1,070,056</b>	<b>958,625</b>	<b>858,773</b>	<b>791,638</b>

*Source: Ohio Bureau of Workers' Compensation*

- Total benefits paid by the Bureau of Workers' Compensation (BWC) for lost time and medical claims have declined steadily. In FY 2015, lost time and medical benefits paid totaled \$1.65 billion, 10.0% (\$184.0 million) less than the \$1.83 billion paid in FY 2011.
- Medical claims accounted for the majority of the decline in total benefits. From FY 2011 to FY 2015, medical claim benefits declined by 21.0% (\$163.4 million) while lost time benefits declined by 2.0% (\$20.6 million).
- The number of claims, both new and open, also declined over this five-year span. From FY 2011 to FY 2015, new allowed claims dropped 10.4% and open claims dropped 29.9%.
- BWC tracks injury claims among 11 industry sectors. Injuries suffered by workers in the service industry accounted for the largest number of new claims in FY 2015. There were 29,193 (31.1%) new claims in service industries, 19,179 (20.4%) in manufacturing, and 11,580 (12.3%) in commercial industries. The remaining 33,984 claims (36.2%) came from the other eight industry sectors.
- BWC's net assets totaled almost \$9.27 billion at the close of FY 2015, 2.0% lower than the \$9.46 billion at the close of FY 2014. The decline was primarily attributable to premium rebates of \$600 million issued in FY 2015. Lower returns from BWC's investment portfolio also contributed.
- BWC issued policies to 253,106 employers in FY 2015, including 3,928 state and local public employers. Slightly fewer than 1,200 employers qualified to self-insure in FY 2015.

## Nine Continuums of Care Coordinate Homelessness Prevention and Assistance Services in Ohio



Sources: Ohio Development Services Agency; Ohio Housing Finance Agency; U.S. Department of Housing and Urban Development

- The homelessness prevention and assistance services in Ohio are coordinated by eight urban federally designated entitlement counties, referred to as Continuums of Care (CoCs), and the Balance of State CoC, which represents the other 80 counties. As the above map shows, the eight county-based CoCs are Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit. The Balance of State CoC consists of 18 regional homelessness prevention and assistance organizations.
- CoCs receive both federal and state funds to deliver homelessness prevention and assistance services. In federal fiscal year 2015, the U.S. Department of Housing and Urban Development awarded Ohio \$95.5 million for various homelessness prevention and housing services projects. Of this total, \$78.0 million was distributed to eight county CoCs and \$17.5 million went to the organizations in the Balance of State CoC.
- The Development Services Agency and the Ohio Housing Finance Agency allocated a total of \$45.7 million in state funding in FY 2015 for homeless housing programs and services. Of this funding, \$39.8 million came from the Ohio Housing Trust Fund and \$5.9 million came from the unclaimed funds.
- In January 2015 there were estimated to be 11,182 individuals experiencing homelessness in Ohio. This was a decrease of 20% from the all-time high count of 13,977 in January 2012.
- Cuyahoga, Franklin, and Hamilton counties accounted for 42% of all individuals experiencing homelessness in January 2015. Lucas, Mahoning, Montgomery, Stark, and Summit counties accounted for another 28%. The 80 Balance of State CoC counties accounted for the remaining 30%.