

Ted Strickland
Governor of Ohio



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Retardation and Developmental Disabilities

MRDD Community Budget Conversations: Concerns and Suggestions

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Contents

Background	3
Feedback:	
System Partners	4
Five Regional Forums	5
Ten Developmental Center Forums	11
Virtual Forum	22

Background

In December 2008, John Martin, Director of the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD), invited several statewide system partners to discuss the MRDD service delivery system budget: Advocacy and Protective Services, Inc., The Arc of Ohio, The League, Ohio Association of County Boards of MRDD, Ohio Developmental Disabilities Council, Ohio Legal Rights Service, Ohio Provider Resource Association, and Ohio Superintendents of County Boards of MRDD. When the group convened on December 5, Director Martin asked participants to consider two questions:

1. What are you most concerned about regarding the economy's impact on the budget, that is, what aspects of the MRDD system do you think are most vulnerable/fragile?
2. What are your suggestions for how ODMRDD and the entire MRDD system can save money and be more efficient?

After discussion, group members recommended and volunteered to co-sponsor regional forums for individuals, families, advocacy organizations, community agencies, service providers, and other stakeholders to provide feedback about the budget by answering the same two questions. Five regional budget conversations were conducted during the month of January:

Guernsey County Board of MRDD
Byesville, Ohio
January 7, 2009

Findlay Inn and Conference Center
Findlay, Ohio
January 8, 2009

Cox Arboretum and Gardens Metro Park
Dayton, Ohio
January 12, 2009

Holiday Inn Columbus
Worthington, Ohio
January 13, 2009

Sheraton Suites Akron
Cuyahoga Falls, Ohio
January 15, 2009

In addition, during January 2009, each of the Developmental Centers operated by ODMRDD conducted a local budget conversation. Participants, including residents and families served, members of the public, and Developmental Center staff, responded to the same questions.

Recognizing that some stakeholders would not be able to attend one of the regional or local budget conversations, ODMRDD created a "virtual" forum. The virtual forum, accessible at the ODMRDD website, employed a videotaped presentation by Director Martin in which he asked participants to respond to the two questions, by sending feedback via the virtual forum portal and through other miscellaneous means from January 8 through January 29, 2009.

More than 500 people participated in the budget conversations. Following are their responses to the two questions posed by Director Martin.

Feedback: System Partners

What are you most concerned about regarding the economy's impact on the budget, that is, what aspects of the MRDD system do you think are most vulnerable/fragile?

- Values and principles eroded or sacrificed
- Unintentionally place federal dollars at risk
- Tough to serve – dual diagnosis, MR offenders
- Impact on families serving individuals at home – stress on family caregivers
- Viability of providers
- Recruiting, training, retaining quality direct care staff
- What about people yet to be identified – can't just close the door on them
- Not respecting family decisions
- Increased vulnerability of aging family caregivers
- Further impacts on local property tax values yet to be felt/sized
- Improved relationships fragile
- Funding mechanisms already precarious
- County Board presence/role – changes – don't want to lose local presence, strengths
- Lose more public staff than can handle/is prudent
- If we don't know how long or how bad, how to hold together – concern that we will over correct or under correct
- Health and safety at risk
- Could lose focus on self-determination
- We will be too insular/provincial in solutions
- Too much focus on money, not enough on quality and people – will get even worse

What are your suggestions for how ODMRDD and the entire MRDD system can save money and be more efficient?

- Maximize federal dollars
- See if Targeted Case Management rate can increase
- Find efficiencies
- Ohio Department of Health/ODMRDD licensure duplication
- All agency waivers – reciprocity
- Preserving family as first strategy
- Should county boards operate schools?
- Talk to constituents about what they want, redirect money
- Stop operating county board buses
- Aging population – look at new setting options
- Give decision-makers ability/cover/support to make changes (e.g., legislation)
- Look at Medicaid non-waiver service options (like former Community Alternative Funding System)
- Look at what services or providers are being developed
- One set of consistent rules needed
- Don't have multiple state agencies doing MRDD

- Figure out needs/appropriate setting (e.g., move to less restrictive) – do that for any service
- Remote monitoring
- Technology to reduce cost
- Reduce out-of-state placement; bring people and money home to develop programs here
- Combine Level One and Individual Options waivers into one family-directed waiver
- Use federal capacity on waivers now (i.e., Level One)
- If maximizing means different waiver, do it
- Examine why Level One waiver isn't best for families
- Figure out what people on waiting lists want
- Are there untapped community resources (e.g., universities, transportation)?
- More waiver options
- Consolidate department reviews
- Look at Futures Committee recommendations and priorities in light of budget situation
- Review roles/relationships (who does what best, when and how) and eliminate duplication
- Should ODMRDD become a division in a health and human services department? (same question for counties)
- Maybe county boards should be able to do more direct services
- Implement Futures Recommendation #25 (i.e., data-driven policy decisions) – might have results sooner
- Medicaid eligibility (coordination of benefits, access federal benefits, if Medicaid eligible, county will spend what waiver cost would be)
- Energize Councils of Governments
- Housing stock in light of money – development, moving to smaller if can't afford it
- Get clear about roles, especially private versus public
- County eligibility (Ohio Eligibility Determination Instrument/Children's Ohio Eligibility Determination Instrument) – statewide reciprocity?
- Online Individual Service Plan payment
- Eliminate Payment Authorization for Waiver Services
- New reimbursement system
- Provider qualifications and training requirements
- Analyze costs across provider types
- Voluntary setting size strategy
- Individual Options waiver – Martin settlement plus targeted populations only

Feedback: Five Regional Forums

What are you most concerned about regarding the economy's impact on the budget, that is, what aspects of the MRDD system do you think are most vulnerable/fragile?

- Waiting lists – time will get longer
- Advocacy and Protective Services, Inc. – longer waiting lists
- People receiving nothing – have an equitable approach on how we fund them
- People on waiting lists not ever getting off as resources are cut
- Inability to plan and pay for future individuals that will be eligible for system in special education today when we are challenged by the numbers we have today
- Concerned with double survey processes and paperwork duplication
- Worried about technical issues that interrupt pay and reimbursement

- Supported living – choice – not working for the provider under current model with two hours here and there
- Concern that county-to-county discrepancy in services will be exacerbated with budget cuts
- Dual diagnosis population – over-prescribing to deal with it
- Fear of individuals with dual diagnosis (mental retardation/mental health) challenging for boards to serve and maintain in least restrictive environment
- We tell people they can't save and to spend their money
- Service and Support Administration – training budget/caseloads
- Paperwork replacing time with person
- Needed support for children beyond school day
- More people living with aging caregivers – what will happen to them?
- Fear that after parents are gone, there will be no monitoring of individuals
- Individuals living with aging caregivers – what will happen when these individuals need emergency residential supports and we can't respond?
- Concern that aging population providing services won't be able manage
- Loss of services due to Ohio Developmental Disabilities Profile – not a predictable tool
- Direct care staff: If paid less the concern is quality. They already make low wages and as families, we have great concern regarding their training. Need quality which means they need to be paid!
- Rural areas can't attract direct care workers due to low pay
- Quality of training will be jeopardized
- Being able to maintain quality staff/care givers
- Need for qualified and well-trained direct care providers
- How do we continue to provide high-quality training and provide high-quality services with steady cuts being made?
- Reduction of provider management supervisory ratio over monitoring direct care
- Concerned that cuts will affect Early Intervention
- Worried that Early Intervention, which is not mandated, will be one of the first things cut, when it in fact actually helps to save money in the long-term
- Early Intervention and supports to children jeopardized as cuts are made
- Will people be able to keep their jobs instead of sitting around by having job coaches to secure their employment?
- Right to work
- Concern that in a bad economy, individuals are last hired, first fired – encourage entrepreneurship
- Employment which impacts the people we serve and need to create option for employment and not lose other agency dollars like Bureau of Vocational Rehabilitation
- Concern with graduating from school and having no where to transition to – waiver only allows choices
- Cuts to employment as services are decreased
- Transportation reduced and people not getting to their community employment or other activities
- Concerned with cuts to transportation
- As Medicaid makes cuts then funding is reduced which impacts medical needs such as visits to doctors, therapies, dental, etc.
- Fear of more professionals not accepting Medicaid
- Less Medicaid dollars
- Concerned Medicaid, which funds our constituents, has high funding risks
- Ability to provide for individuals with significant needs

- Lack of help for families with children on the autism spectrum
- Specialized population like autism being underserved and less money to spend on research
- Special populations not having the resources wherever they choose to live – specialized staffing
- Fear of a decrease of services
- Worry that direct care services would be reduced as cuts are administered
- People being forced to supported living
- Service and Support Administration caseloads not allowing time to monitor – loss of dollars due to being fraudulent
- Abuse/neglect – beefed up Major Unusual Incident/Abuser Registry. The oversight that is needed to secure health and safety.
- Concern regarding funds for Family Support Services as the waiting list grows
- Fear that family support will be cut, especially respite – needed to keep healthy
- Families not having support. Loss of Family Support Services means families don't have respite and will no longer be able to provide without some relief.
- Concerned that cuts will affect ability to respond to emergencies
- Concerned that there will be less housing
- Increase in families needing help – less people to manage
- Advocacy will be at risk
- Vulnerability to those with little or no representation
- Quick economic solutions may remove the efforts of self-determination and the progress the MRDD community has made
- Ability to care for aging individuals in group homes
- Service/support
- Closing of MRDD schools
- Reduction of county board subsidies limiting ability to expand services
- Decrease in services due to cuts upsetting people who in turn would not vote for levies, necessitating more cuts (cycle of decline)
- How to serve people not on waivers – belief that Medicaid entitlements will reduce other services
- Individuals in the Developmental Centers having reduced services
- Concern for continued care at Developmental Centers where people have lived for 40+ years
- Fear of losing staff at Developmental Centers
- Developmental Centers closing – everyone can't live in the community
- Cost of Developmental Centers – but no dollars for those in family settings
- Specialized population try to make community work but can't due to need of resources. Developmental Center has the structure and resources to provide for these individuals. Can't close Developmental Centers or cut services.
- Developmental Centers and Intermediate Care Facilities for the Mentally Retarded being more burdened with reductions – evaluate staff needs
- Developmental Centers vulnerable – if Level of Care becomes more stringent, individuals will be forced out and community will not be able to provide the necessary resources
- Developmental Center is a tremendous resource and people are dependent on it – fear of losing Developmental Center
- If Developmental Center closes, there will be no resources for individuals in rural communities
- Aging parents concerned with child being sent home if Developmental Center is closed due to budget constraints

- Need of total care for severe and profound individuals with disabilities in Developmental Centers
- Worry that direct care is reduced (less staff) at Developmental Centers if cuts are made
- Fear of moving individuals out of Developmental Centers

What are your suggestions for how ODMRDD and the entire MRDD system can save money and be more efficient?

- Ask families to volunteer to reduce costs
- Ask families to help with transportation or other cost-cutting services they would be willing to provide
- Access private businesses to support services and give contributions
- More community outreach – asking for donations/time from community
- Look to the internet for private dollars – grants
- Work to obtain more grants and grant writers
- Ohio should look at other states for cost-effective models
- Increase advocacy with legislators to get more money
- More state economic solutions – bonds, etc.
- Providers reducing costs with efficiencies like paper, overtime, benefits, and no paid holidays
- Cut salaries – if ask us to cut then management needs to make their cuts
- Don't change the name of MRDD and add additional costs
- County boards and ODMRDD should look internally for inefficiencies to save money – look specifically for small things that do not affect services
- Information technology shared with administrative departments and other state departments
- Save on liability by hiring qualified people – screen workers
- Compare county board costs against provider costs
- Negotiate state contracts during the slow economy
- Group purchases for Depends, etc.
- State to purchase fleet of vans, etc. at reduced rate for boards and providers
- Look at supplies that are purchased, see about better bulk prices
- Look at state purchases and have them be suppliers at reduced rate to providers/boards
- Look at more shared services
- Look at residential setting to see if more shared services could take place
- Shared services and transportation
- Look at more shared services/outings
- Share staff – free choice of provider needs to be limited or creative
- Set up systems to find roommates easier
- Develop community living environment “villages”
- Fill vacancies – no bed should be open
- Fill vacancies before building new homes
- Fill vacancies – do a better job of matching housemates to keep people together
- Look at increasing waiver setting size from four to six persons
- Increase capacity of homes
- Use the internet more
- Look at technology to reduce costs
- Use more technology such as monitoring systems
- Utilize technology (electronic monitoring) which will help staff shortage
- Look at technology to monitor individuals that may require minimal services

- Look at technology that has been developed for MRDD population
- Get statewide benefits package for employees of private providers to encourage employees to stay with private providers rather than seek higher paying jobs with county boards
- Cost of Developmental Centers
- Look at privatizing Developmental Centers
- Have independent evaluator look at Developmental Center population to determine who could reside in the community
- Clinical and medical services at Developmental Centers to be shared in the community
- Simplify and cut down paper work
- Simplify forms and look at standardized Individual Service Plans
- Do you need staff and paper work to review prior authorizations each year when needs do not change?
- Fix disparities from county-to-county paperwork – look at more across-the-board cost effectiveness
- Look at both outsourcing and insourcing
- MRDD contract instead of staff to be direct provider – more outsourcing
- Look at layers of top administration to direct care and where it is most needed
- Providers take on some Service and Support Administration functions
- Have providers be authors of Individual Service Plans and county boards approve/sign off
- Look at alternative to Service and Support Administration and look at independent service broker model
- Look to reduce caseloads for Service and Support Administrators
- Simplify the process regarding negotiation with county boards
- Look at before-school and after-school direct care – hours not to be one-on-one in family home but grouped
- Flexibility with Level One waiver and Family Support Services dollars to be able to use on “real” needs
- Eliminate disparity from county to county in terms of respite
- Hire “trainers” to do provider training
- Don’t put individuals on costly waivers until you have the dollars to stabilize
- Support families first so their loved one can stay in a family setting longer
- Look at eligible diagnosis – revisit Ohio Eligibility Determination Instrument and Children’s Ohio Eligibility Instrument for Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder and other diagnoses
- Reduce duplications
- Duplication of quality assurance reviews – county boards/councils of governments/state – especially licensure requirements
- Consolidate providers – certified across systems for all waivers
- Deregulate care to save money – delegated nursing a good example
- More flexibility in waivers for delegated nursing
- Look at all the requirements/regulations in the system and determine what is important
- Regulatory reform
- Reducing copies and documentation that providers need to send – reduce forms – consolidate rules
- Make rules more flexible to allow more opportunities
- Reform transportation rules to make it easier for providers
- Regulatory relief for providers
- Reduce number of surveyors and number of surveys
- Simplify system to limit time spent on paperwork

- Reduce Major Unusual Incident check from every year for those who continually get excellent marks
- Look at reducing all requirements and consolidating to help with time restraints (licensure/regulatory)
- Look at streamlining waiver billing process
- Billing – people could be providing services if not as much paperwork
- Make waivers easier to administer in a cost-effective manner
- Cost effectiveness of administering waivers – look if we can sustain expansion of waivers and make them more flexible
- Look at increase of \$1,500 so more people can be Medicaid eligible – have benefit specialists
- Most Medicaid dollars go to private providers but county boards don't know how they were spent – the model was built for \$10 an hour to go to direct care provider – look at where our dollars are going
- There is \$40 million we have not tapped due to Targeted Case Management – need to identify those dollars and push into the system
- Multiple waivers throughout state – consolidate and reduce administrative costs – “A waiver is a waiver”
- Remove waivers and make state plan pay for direct care services
- Need reimbursement system with flexibility to support creativity
- Everyone sacrifice
- More collaboration between county boards and private providers
- Collaboration – neighboring counties could share services/staff
- Have one superintendent for more than one county
- Sharing/collaboration between county boards
- Share staff/administration
- Look at regionalizing some services
- Regionalizing on specialized services
- Regionalize county boards and reduce 88 boards – shared specialties
- Encourage/utilize collaboration among agencies
- Incentivize collaboration
- Providers should go to county boards and say where they can be flexible
- More “wrap around” services – share dollars and resources
- Look at “High Fidelity Wrap Around” model
- Support House Bill 170 (prohibiting health insurers from excluding coverage for autism) – get the ear of legislators regarding system needs
- Reduce/eliminate duplication of services
- MRDD system should look at providing services that no one else is providing (no duplications)
- Public schools are mandated to provide educational services – could free up dollars if county boards of MRDD no longer provide classes
- Cut county boards providing school services
- Look at services the system delivers and evaluate the critical components to those
- Support Early Intervention program which will save costs later
- Support families through Family Support Services so they can stay home longer
- Family Support Services – need to fund to keep people in family setting which is more cost-effective
- Explore more creative ways to serve people on waiting lists regardless of Medicaid

Feedback: Ten Developmental Center Forums

What are you most concerned about regarding the economy's impact on the budget, that is, what aspects of the MRDD system do you think are most vulnerable/fragile?

- Level of care
- Care of individuals
- Activity levels
- Quality of facilities
- Take care of people
- Should not ship individuals out to these homes
- Some people who left years ago show up at food shelters and food banks
- People at Developmental Centers care
- Most long-term care givers
- They are the greatest staff and they do a great job
- Concern moved to a place where people don't care as much
- We have come so far we hate to be reduced any more
- Not too much waste at our Developmental Center
- Staff does a great job
- Do not cut staff
- Safety of individuals
- Trips are very good, hate to lose them
- There are many individuals with disabilities whose diagnosis and needs already cause them to fall between the cracks (e.g., people with dual diagnosis and with mild to borderline levels of disabilities). There is a concern that these individuals and probable others may have even a greater limit on their ability to receive services.
- Admissions are already on the increase at Developmental Centers. How will the centers maintain a level of control over their census with increased demands and potential probate actions for admissions?
- We may be creating greater vulnerabilities than needed by not accessing potential additional federal and state benefit programs. These potential benefits may include grants, federal improvement, improved levels of care, use of wage and personal spending funds, and maximizing individuals' benefits.
- There are many people with disabilities receiving minimal service and potentially individuals without service. A reduction in state and county funds may increase the demand for services to Developmental Centers.
- From calls related to admission and technical assistance requests, it appears that the Level One waiver is not meeting all of the needs of those being served. As state and county dollars become less available, this too may create an increase demand for higher residential services.
- The current state and county programs seem to be stakeholder driven with waiver amounts being subject to the wishes of those receiving services rather than their real needs. If this outlook is not changed, the system will collapse and even fewer people will be able to be served.
- Fewer dollars available may create an environment where staff numbers are reduced. If that is the outcome of the budget crisis, errors of care, including medical needs, will increase and life safety issues will increase. Also, other necessities like training for staff will be questioned and possibly minimized.

- Assuming a budget crisis in the counties, the workshop opportunities for Developmental Center residents will decrease, which in turn will create a higher expenditure at the Developmental Centers.
- These same county budget crises will create a higher demand for placement in Developmental Centers, many through probate court actions.
- Any response due to the budget to lower standards will open doors to return to failed services and reduced expectations.
- Reduced minimums cause reduced staff numbers, which could then relate to increased overtime and higher costs rather than savings.
- Reduced staff will create higher risks of Medicaid citations and loss of federal match.
- Budget reductions may lower the center's ability to repair items or maintain the current standard for the environment. This will reduce the individuals' current quality of life.
- Health care and daily living needs for Developmental Center individuals
- Staff cuts
- Current job duties will increase which could result in less quality/consistency
- Direct care services
- MRDD services
- Resource to the community
- Client and staff safety
- Worry that when individuals move into the community there will be less services provided to them than they receive at the Developmental Center (e.g., medical care)
- What effect will the Martin waivers have on our community after the two-year period?
- Staff to client ratio
- Stress on consumers' families when staff are cut by worrying about the care of their loved one
- Loss of qualified professionals/services (i.e., psychiatry, physicians, psychology, and behavioral services)
- Maintenance and upkeep of buildings and grounds
- Low staff morale means lower quality of services
- Adequate supervision
- Decreasing Developmental Centers increases the liability to community services that are already heavily burdened.
- Mild/borderline individuals who have behavioral/psychological issues
- Quality of care will be reduced by overstressed employees/less staff
- Job security
- Health care
- Closing of centers
- Personalized care
- Proper staffing levels and future effects of this
- Communication between union and management
- Training
- Individuals with dual diagnosis or severe maladaptive behavior which present a risk to self/others
- Individuals who do not meet the criteria for Intermediate Care Facility for the Mentally Retarded services under federal Medicaid guidelines, but require support to ensure health and safety
- Respite services to enable families to care for family members with disabilities in their home
- Crowding
- Community outings

- Qualified staff
- Medical supplies
- With lower funding maintaining quality and particularly safety concerns for the individuals
- Maintaining certification
- If a Developmental Center closes, health and safety risks with potential lower quality with fewer resources in community settings
- Quality service could depend on those families with the financial resources to have their children served in settings where those without financial means may not be served
- Those with significant challenges may not be served
- Cost of care for population may go up due to fewer resources
- Increases abuse potential – less qualified staff with lower supervision levels
- Mental health services decreased so now limited options. Spill over to MRDD. Increase in individuals who are dangerous to others and may not be appropriate in Intermediate Care Facility for the Mentally Retarded settings.
- Adolescents who can not stay at home due to decrease in support for families
- MR offenders will get lower service ability
- Privatized services – lower quality driven by bottom line
- Autistic children: need for support/family early in life development
- Dually diagnosed: Have people already on the streets due to mental illness. We may get some of these people.
- Emergency shelters overcrowded and in jeopardy
- Services of adolescents in jeopardy
- Older parents trying to find placement for their children
- Loss of healthcare services
- Loss of protection of individual rights
- Loss of independent skills training
- Loss of quality of life/health and safety
- Concerned about services and place to live for individuals with severe behavior issues
- Concerned about services and place to live for individuals with serious health needs (e.g., feeding tubes, tracheotomies)
- Loss of vocational opportunities
- Loss of a community resource
- Respite/crisis resource to community families
- Loss of an option for community resource
- Availability of professional staff (Medical Doctors, Psychologists, Psychiatrists, Occupational Therapists, Physical Therapists, Social Workers)
- Our clients are better off here than in privately owned homes; they receive great care here and do not need to be pushed out to the community. These homes do not all provide quality care like we do.
- Our clients should be first in all decisions made, especially when their future is in our hands
- With continued job cuts and not being able to supply quality service and needs to the population of people that need us most (their needs are a priority and should be our main focus), the MRDD system provides services that most group home settings cannot provide and we at the Developmental Center take much pride in what we do.
- The most vulnerable and fragile aspect of MRDD is what the budget crisis is going to do to the clients and families we serve. Meeting continually revised Medicaid and licensure interpretations of codes usually requires additional monies, not less. I often question if the same scrutiny for code enforcement exists in the community, as it does at the state institutional level.

- A vulnerable aspect of the MRDD system are those individuals that are not living in a group home, residential care facility, private Intermediate Care Facility for the Mentally Retarded, or Developmental Center; but rather still living at home with an elderly parent and/or parents. What will happen to these individuals when the parent(s) can no longer care for them? ODMRDD must continue to provide individuals and their families with the option to choose the setting where they would like to reside. There are also many younger individuals diagnosed with MRDD who eventually will need services; therefore, ODMRDD must remain viable and strong enough to accommodate their needs if called upon to do so.
- Are individuals safe and happy moving from a Developmental Center into community placements?
- Do the community providers have the ability to provide the level of services that the individual requires in order to be successful?
- What monitoring systems are currently in place to ensure the health and safety of individuals who utilize supported living?
- How is continuity of care ensured for individuals who are being forced to leave Developmental Centers?
- Families of MRDD individuals are very vulnerable and fragile
- Medically fragile individuals need more care (medical costs, treatment, etc.) – where will these individuals go if Developmental Centers downsize?
- Funding and accountability in group homes versus Developmental Centers
- MRDD population is aging and need more care
- Behaviorally challenged individuals are in need of appropriate placement
- Assistance for dual diagnosed individuals
- Aging parents are very vulnerable
- Assistance for younger/adolescent population
- Facilities, infrastructures, and durable medical equipment are getting older
- Developmental Centers at risk due to cost involved in running – it would be easy to close a Center in order to save money. We provide a lot of services that cannot be provided in the community. It would cost more to provide these services in the community, or the individuals would not receive the services.
- Families caring for loved ones in their homes – population is aging and less able to provide the care, and when they can no longer care for the loved one, where do they place him/her?
- Developmental Centers are at risk if community is so narrowly defined to exclude them. A Developmental Center is a community and should be a choice for consumers.
- Direct care staff ratios are fragile: Some individuals with greater needs (medically, behaviorally) require a greater availability of staff to address and/or safely handle these needs. Thus, reducing the number of direct care staff in Developmental Centers or community settings could negatively affect the care that they need.
- Continuity of care (staff retention): Staff turnover negatively impacts the individuals being served.
- Quality service providers may become vulnerable if their funding is cut. This involves both community providers and Developmental Centers.
- Providing support services to elderly parents who are caring for a developmentally disabled individual is important and having placement opportunities available, when needed, is important.
- Short-term admission options to deal with an individual in crisis are important. Reducing the beds available for dealing with emergencies may result in these individuals jeopardizing their placements, ending up in local hospitals that aren't prepared/equipped/willing to deal with the mental health/MR issues. Community supports that are available for people.

- Safe environment and safety for our individuals
- Quality of service suffers as budget squeezes and puts pressure on direct care staff
- Most challenging individuals - MR offenders
- People on waivers; Intermediate Care Facilities for the Mentally Retarded
- System not being developed to serve aging population; co-occurring mental illness
- People who are served by the system

What are your suggestions for how ODMRDD and the entire MRDD system can save money and be more efficient?

- Salary cuts from the top down
- Sliding scale for costs of care
- Better control of contingency
- Need versus want
- "Use it or lose it" mentality
- Staff levels on activities (doctor appointments, etc.)
- Staffing during hospital stays
- Prevailing wage for projects
- \$300 asset level requires extensive staff hours to track (Mental Health looking at \$1,000 level)
- Staffing levels (minimums per client). Possible floaters to cover instead of placing additional fulltime positions. Reallocation of labor based on the needs of the individuals. Review of levels on cottages when clients are at workshop.
- Autopsy policy and contract (look at regional versus university contract)
- Mandatory use contracts – sometimes local is cheaper. "Use it" mentality.
- Not sure how to answer, not knowledgeable enough
- Paperwork reduction and focus on people
- Change annual process to every other year
- People could put their own stamps on return envelopes
- Pay for services on sliding scale
- Are home-cooked meals more costly?
- The unearned income and benefits of those we serve potentially can be increased with the funds being used to offset their cost of care.
- Use this time to change the philosophies of some recipients toward the overall common good and away from their current self-interest.
- Review the current arrangements for county board transportation and consolidate runs for services. Today multiple buses arrive at the same time at the Developmental Center to transport multiple individuals to the same workshop.
- There may be savings in multiple agencies and departments sharing resources.
- Follow purchasing rules more closely and use all lower cost options (i.e., the purchase of Ohio Prison Industries furniture and no others). Say "no" to other purchases not directly related to the necessary improvements related to quality of life or safety.
- Renegotiate the Martin Settlement to ensure no waiver opportunities are lost.
- Review and consider the issues related to economy of scale and increase the numbers of people in waiver settings and those living within areas of the Developmental Centers.
- Teach staff at all levels the principles of "thrift." It seems to be a lost art, with too many looking again for self-interest.
- Take this opportunity to reduce duplication of services across state, county, offices, etc.
- Reduce capital projects and provide those saved dollars to the direct needs of the individuals served.

- Identify staff members' skills outside of their current job assignments and use those skills across settings.
- Utilize individuals to complete some of the work and provide them the appropriate wage.
- Review staff minimums and lower minimums to provide care without creating issues of safety.
- Review the one-on-one status.
- More closely monitor all supply use.
- Reconsider the purchasing of multiple labels of personal hygiene supplies with the options being given to each individual personally.
- Consider reducing the number of outside activities. Review the type of activities and the distance allowable to engage in the activities.
- Study in depth the cost of meal replacements and provide meals at a potentially lower cost.
- Have the programs engage in more gardening and use the items from the garden to offset the high costs of meals.
- Get back to the basics and provide "fun" activities at home rather than extreme activities per each person's requests.
- Take a closer look at each person's wage accounts and utilize a portion of the wage accounts to offset the cost of care.
- Many centers have significant land – sell that land and utilize the funds to provide the individuals with their needs.
- Look closer at the opportunities to lease equipment rather than purchase all items.
- Consolidate managers before cutting direct care.
- Reduce the number of diagnostic tests, consultations, and blood work completed.
- Currently too much food is thrown away. Review the daily and weekly food supplies and use. Chart all thrown away food.
- Have staff and individuals complete more laundry and reduce or eliminate laundry contracts.
- Review flexible schedule to allow smoother coverage and help staff to have greater morale and less turnover.
- Allow staff the opportunity to "trade" shifts within a 48-hour period, which will decrease call-offs and decrease overtime.
- The individuals sleep in on the weekends; bring the part-time staff in later on the weekend days.
- Enforce all of the rules that are written and expect a continually higher expectation from all staff. Increase quality measures; expecting more will sometimes get more done with less staff.
- Consider cutting back on some grounds work and maintenance that is not related to safety
- Reduce number of paid holidays per year
- Reduce community outings
- Reduce work hours per day to seven
- Ensure all purchases are necessities and not merely wants
- No light duty program
- Leave of absence should be prorated
- Stop wasting food
- Many supervisors working the same hours
- Limit the amount of living area decorations bought and don't change as often
- Reduce programming expenses/materials and focus more on custodial care on elderly population
- Reduce travel expenses for leisure
- Stop trips for individuals who do not enjoy or understand

- Cut out community consults – staff wages, gas, time – use video or teleconference
- Recycle clothing, furniture, entertainment items
- Have own video and book rental instead of wasteful buying
- Cost savings training for each employee
- Monitor supply use
- Less paper usage – more electronic
- More on-area activities to reduce entertainment costs
- Investigate people on leave
- Step freezes/no yearly raises
- Four to 10-hour days for clerical, administration – flex time
- Consolidate job duties
- Sell equipment and furniture that is in storage
- Amount of money spent on clients (i.e., outings, clothing, etc.) should be more normalized
- Close buildings that are inefficient
- Stop paying administrative leave
- Voluntary cost savings programs
- Energy saver bulbs on campus
- Open a commissary – profits go into Industrial and Entertainment Fund
- Beautician on area
- Cut workshop to three days per week
- Streamline computer applications
- Across the board cuts
- Share facilities between MR and Mental Health
- Fee for use of activity center by community
- Cut out colored paper
- No more premium pay for holidays
- Increase of items available through pharmacy service and central warehouse
- Settle grievances early
- More training for staff that are repeatedly getting hurt
- Lower overtime
- Sometimes cheaper products end up being more costly (i.e., toilet paper, paper towels, washing powders, etc.)
- Understanding proper way to use equipment – decreasing replacement cost/repair (wheel chair damage by staff) – additional training
- Duplication of services: look at best place or way to do the same thing
- Centralize some of the 88 county board services/administrative functions
- Admission criteria: serve most appropriate – utilize Ohio Developmental Disabilities Profile at admission
- Pay for services (Developmental Centers waivers)
- Review self-imposed regulation for necessity (ODMRDD and conversations with other regulatory agencies to try to reduce costly yet unnecessary tasks)
- What do we do to generate funds? Review direct services needed
- Look at overhead-administrative cost: what do we really need versus private provided?
- Day habilitation on site
- Look at other states; what are they doing?
- Cut back on overtime
- System too top heavy
- More use of e-mail verses regular mail

- Use of video conferencing
- More hands-on management
- Use of central pharmacy. Use of term and economies of scale contracts.
- Careful look at vendors and cost
- Think about lowering holiday pay – someone working eight hours is paid 20 hours. That's a bit much.
- Reduce community trips
- Allow timber to be harvested at Developmental Centers
- Do laundry in each residence as opposed to out-sourcing
- Charge community groups that use pool and gym
- Open up coffee shop to public and charge
- Evaluate benefit packages of all state employees
- Look at sharing services across all Developmental Centers
- More monitoring and accountability of budget
- Cut work week to four days
- Reduce paid holidays from 10 to three
- Cut personal and sick leave
- Consolidate all current types of leave (personal, vacation, sick, and bereavement) into a single paid-time off (PTO) leave and reduce the PTO from what the total current leaves add up to. For example, if the current leaves total a possible 30 days per year, make PTO a maximum of 20 days per year. This would reduce the amount of paperwork and tracking of the various leaves as well as reducing the amount of leave available annually.
- Give each Developmental Center its own budget and require it to manage it within its resources
- Developmental Centers share superintendents
- Centralize purchasing and business functions
- Reduce oversight surveys
- Out-source food service
- Evaluate any benefit of closing a Developmental Center
- Out-source more
- Make Medicaid standards more reasonable
- Have Developmental Center staff be a resource for community individuals (behavior support, medical issues, Qualified Mental Retardation Professionals, Social Workers) to reduce costs to county boards
- Involve families and guardians with individual outings (reduce Developmental Center staff use)
- Have direct service staff and supervisors do routine living unit maintenance, cooking, custodial (reduce/eliminate need for food service and custodial staff)
- Plant and harvest fruit trees
- Utilize the Developmental Center laundry to do others' laundry
- Keep off-grounds trips local
- Develop geo-thermal heating
- Reduce use of electricity (turn off lights, reduce laundry temperature)
- Consolidate medical appointments
- Reduce amount spent on decor of living units
- Reduce food waste
- Lease vacant land to farmers
- Sell unused equipment

- Evaluate positions
- Do an Early Retirement Incentive
- Sell some Developmental Center property
- Less supervisors and more direct care workers
- Reduce hourly wage to \$15/hour
- Reduce landscaping, lawn maintenance
- Reduce investigators
- Reduce personal hygiene funds
- Management can better schedule to stop so much overtime. Five Therapeutic Program Workers scheduled per building. Floats would be extras for one-on-ones and call-offs.
- We don't need a house manager and a Qualified Mental Retardation Professional – only one needed
- Trips could be cut back and Therapeutic Program Workers could do them
- Eliminate the kitchen; cottages could shop and cook
- Go green – enforce this. It's not being done (i.e., shower heads running constantly, flushing toilets several times, turn off lights, etc.).
- Behavioral specialists could be one per every three buildings or eliminated all together. Qualified Mental Retardation Professionals could write programs.
- If all of the MRDD systems were not forced to have to purchase from a state agency that charges higher prices than other state agencies that charge a much lesser price, it could save jobs and money. Purchasing from minority vendors is very costly with the charges of mark-up and delivery fees; could save money and jobs. Also, there are other changes that the state could look at (as a whole) to save money and jobs.
- Re-evaluate purchasing system and possibly amend current procurement guidelines. Order from other state agencies first. Items from state contract are cheaper than same items from central warehouse. Mandatory Minority Business Enterprise expenditures. Purchase sale items and avoid tolerated mark-ups.
- Override capital projects to determine true needs versus wants
- Utilize programmable thermostats to regulate building temperatures; heat in the winter and air conditioning in the summer
- Develop electronic filing systems, thereby reducing the volume of paper copies
- Eliminate the need to purchase items from minority business vendors as their items have a considerable mark-up
- Purchase video conferencing equipment, which would minimize lost productivity for staff traveling around the state of Ohio and it would thereby minimize travel reimbursement costs and vehicle wear and tear
- We need to review the requirements of purchasing options. State contracts result in paying higher prices for items that could be purchased locally for less cost. It also limits the options available to agencies in terms of making purchases.
- I realize that Minority Business Enterprise program is part of the Ohio Revised Code, but it is common that the items purchased from the approved vendors cost 10-25% more per item and other vendors
- The use of Ohio Prison Industries for all furniture requests is very limiting for our organization. It limits the choices available for purchase and usually at a higher cost.
- Reduce or limit educational funds
- Reduce travel reimbursements
- Limit reimbursement for professional development

- Developmental Centers pay a large sum of money for laundry/linen services contract. If centers could initiate their own laundry/linen services program, it would result in significant costs savings and a higher quality of service.
- Schedule nursing staff more appropriately and close the clinic on the holidays
- Educational money is too costly
- Utilize volunteers from churches, community organizations, and college students
- Regionalize supplies and services
- Emphasize foster care
- System where older parents get more assistance and more services than younger parents
- Supported employment for individuals
- Dedicated fund specifically allotted for Developmental Centers (example: lottery money goes to education)
- Wealthy families are getting the same assistance as needy families. Wealthy families should give something back to the system.
- Utilize empty buildings at Developmental Centers (e.g., rent buildings, use as community resource buildings, day care for MRDD children, respite care, nursing home care for MRDD population)
- Charge for psychological assessments, nutritional assessments, etc.
- Director could hold forums in wealthier communities that could provide monetary assistance
- Re-open on-grounds workshop to save on cost of busing and cost of sending individuals to county-operated workshops
- Recycle more to raise funds
- Seek outside investors' support of Developmental Centers
- Other Developmental Centers are having in budget and affect cost per client year that they are spending/passing money to county boards with habilitation. We have costs of \$300,000 per year. Department should study in-house programming and how this could save the Centers.
- Could consumers be brought in for occupational/speech/physical therapy? Group homes pay to have this done in the hospitals and we could increase our revenue if done here. It would cost the group homes less to have it done at the Developmental Center than elsewhere.
- Could ambulance runs be used only for life-threatening emergencies? If not life threatening, staff could transport individual to emergency room – would this save money? (It was noted this is paid through Medicaid.)
- If more than one individual needs to go to an out of town doctor's appointment, couldn't these be scheduled on the same day to save? Presently, these are scheduled for different days, therefore, requiring staff to transport several days a week. Also, if the doctor has an office out of town, but does have office hours in town, why can't those appointments be scheduled for in town and save the cost of transporting an individual out of town?
- Create subcommittees to look at the different departments to search for ways each department can save on costs, reduce redundant tasks, etc.
- Overtime problems – Could part-time staff be scheduled six hours a day for five days a week and help with the transportation of individuals to doctor appointments? Also, could part-time people be scheduled to work three days a week and be on call for the other days?
- Developmental Center sends many individuals to the hospital or off grounds for recovery. Why could we not have one unit or a couple bedrooms that were actually "skilled" modules where we would take care of our own? We have nursing, physical therapy, occupational therapy. We actually have the personnel, just not the ability to be considered "skilled."

- Eliminate the activity staff position all over grounds. Direct care could absorb the bulk of the responsibility for what they are doing now.
- Instead of having dentists and optometrists on contract that come in a few days a month, hire these to do the services and expand by offering these services to the community.
- Put in new faucets in all restrooms that have an automatic shut off. Right now staff turn the water on and leave it running, which costs money.
- Provide cardiopulmonary resuscitation classes to outside organizations and charge a fee.
- Buy quality products as the items being purchased now are not holding up and staff are having to use twice as much. One item noted is gloves. Staff have to use at least two at a time, as these are very thin and very susceptible to tearing. Also, if laundry detergent was better, less would be used; also, the brand being used now is ruining individuals' clothing. Perhaps there would be a savings noticed if we bought quality products as they would last longer and would not need to be used as much.
- Have a set number of towels, washcloths, bed linens, etc. purchased for each individual and then on second or third shift, these could be washed. Those individuals who are capable could also wash these. It would help save on the cost of the laundry service being used at the present time.
- Have electric installed in the homes to help cut down on the cost of gas being used.
- Why do we outsource phlebotomy blood draws? Use our own nursing station instead.
- Could we discontinue payment of outsource programming to school of optometry and create our own on-grounds programming?
- Could Developmental Center outsource, offering our programming to individuals in the community?
- Would restoring vehicle maintenance staff person create a savings?
- Could programming involve individuals to eliminate part or all of our state linen services for a savings?
- Work together to create positive successful results
- Farm market/grow own vegetables, etc. to use as well as sell to community
- Have the state repeal the recent income tax cut
- Use idle resources (vacant houses)
- Review the individuals in the community who are "high/expensive" waiver recipients. Can these individuals be served more efficiently in a community Intermediate Care Facility for the Mentally Retarded (ICFMR) or in a Developmental Center? At the same time, review the population in community ICFMRs and Developmental Centers to determine if there are individuals living there that could be served more cost efficiently via a waiver. Obviously, the challenge there is to convince parents/guardians of this.
- Frivolous spending-down of resident funds
- Wastefulness of supplies
- Lower starting wages for new employees; once they have completed competency, increase wages
- Regionalize resources/services
- Pay reduction for everyone who contributes to Ohio Public Employees Retirement System; align position pay with community standards. One staff noted that pay reductions could cause a quality issue for Developmental Centers. A happy worker is a productive worker. Maintaining pay at current rate will help people be more open to other negotiations/reductions.
- Offer tax abatements for companies in Ohio
- Be more aggressive at bringing companies to Ohio
- Restructure Workers' Compensation/occupational injury leave and unemployment laws/rules

- Recycle, reuse, reduce
- Think green
- Restructure Minority Business Enterprise programs
- Restructure state term contracts; overlapping services; both financial and quality
- Tighten the services provided by the county boards so that providers don't have to cover the same time period that is being funded by the person at the workshop
- Examine/analyze all positions and their necessity statewide
- Reduce number of paid holidays from 10 to six
- Referrals; look at specialist; evaluate them to be able to reduce Medicaid expenditures
- Freeze wages for employees making over \$100,000 per year
- Need to assess the 10 Developmental Centers and restructure our tables of organization to be similar to the number of residents

Feedback: Virtual Forum

What are you most concerned about regarding the economy's impact on the budget, that is, what aspects of the MRDD system do you think are most vulnerable/fragile?

- When resources are scarce one of the first avenues that people look for are "economy of scale" solutions. Therefore, I believe that our 20-year old statute provision that no more than four unrelated individuals with developmental disabilities live together in an unlicensed community setting is at risk. I have heard that there have been discussions about increasing this limit to five. On the surface, it might seem that an increase of one is not that significant. However, I think there are significant concerns with such an increase. First of all, it will force some housemates with developmental disabilities to share bedrooms, as there are few mid to low-income community housing options with five bedrooms. I can speak from experience about how much the environmental capacity for housemates to have the privacy of their own bedroom enhances the ability of adults to live together amicably. I genuinely believe that preserving the ability of adults who live together and share services to have the privacy of their own bedroom is a good balance of human rights and the common good.
- One issue that was brought up at the forum I attended revolved around the dilemma of working parents trying to find care for their children after school or on days when schools are closed. I want to add that while this is somewhat of an overall issue for parents of school age children with disabilities, child care often can be arranged (and is protected under the Americans with Disabilities Act) through regular child care centers and home care providers, usually until the child turns 12. However, the situation becomes critical after age 12 when most child care and after-school programs end. I have heard from many parents who have not been able to find after school care (including snow days and summer vacation) for their child between the ages of 13 to 21 and have had to leave the work force, which only contributes to a worsening situation. This has long been a concern of mine that I have brought to the attention of several county MRDDs and Family and Children First Councils, but little has been done to address the problem. Meanwhile, families struggle and in some cases, children are being left in unsafe situations.
- To lose transportation, weekend caregivers, day programs, respite camps and weekends would sure be a huge blow.
- Ohio's MRDD community should make an argument to the federal government that creation of a strong, stable, direct support workforce should be a key component of any "rescue package" to the states. The federal infrastructure projects are based on creating jobs. An infrastructure program which creates jobs for skilled, trained, dependable direct support

professionals would be a win/win solution. Strong public policy advocacy will be needed to monitor the development of jobs and infrastructure programs in the new administration. It will be important that the Ohio developmental disabilities community speaks with one voice on this issue. The effort should begin with education and information dissemination amongst ourselves, but we need to move quickly.

- Aspects most vulnerable or fragile – I assume you mean most easily done away with. I think this would include the family resources program, the dental program, the leisure coach program, Early Intervention, and eligibility for folks who don't actually qualify for services.
- Our greatest vulnerability to guard against would be the wholesale reduction of services throughout the system without taking a close look and acting on the inefficiencies that currently exist within the system. Changes in the roles and responsibilities of stakeholders in the system must occur. It would be a huge mistake if Ohio and ODMRDD were successful in gaining more federal match through the "stimulus package" and continued to operate as we operate today.
- I feel that our special people are very vulnerable due to the caregiver crisis. Caregivers are underpaid and the individual providers certainly cannot afford to pay additional fees so they can do a job; I am certain they just do not have the extra funds. The harder you make it on them, the more of these caregivers will just give up. We want to attract good people. Please do not do anything that would take away good caregivers. Not only are our special people so vulnerable but so are the families that depend on these caregivers to give them respite and sometimes just help us to survive from day to day.
- Please do not close developmental centers. The health of Ohio's most fragile, needy people depends on them.
- The area I believe to be the most fragile is the Developments Centers. My brother has been a resident of a Developmental Center for over 30 years. Due to the severity of his retardation and physical handicaps that make it difficult for him to walk, he requires 24/7 care. He is now 64 years old. I am quite concerned as to how he would be cared for if the Center were to be closed and I am certain that this would be a traumatizing event for him. I don't believe community placement would be appropriate for him due to his level of disability. I also question if adequate community placement could even be found for him. I have visited one group home in the past and while I felt that it was appropriate for the residents who were there, I don't believe that my brother's range of physical and medical needs would have been met.
- A vulnerable group that needs to be considered in the budget crisis are people with dual diagnosis. This population has always been the last to be served because services are expensive due to the number of people required and the needed training. It has taken many years to persuade MRDD and Mental Health to work together. This cooperation needs to be continued and expanded statewide. Many people with a dual diagnosis receive services from Developmental Centers and this service needs to remain available. But even some of the Developmental Centers need training in providing "active treatment" to people with dual diagnosis.
- I think the aspect of the MRDD system that is most vulnerable or fragile is the disabled consumers themselves. We know that the consumers, especially those in the Developmental Centers, are not able to communicate their own desires to protect their rights. We have come a long way since the 1960-70s in developing and maintaining quality habilitation programs. I was involved in the MRDD system back in the early 70s and have watched this tremendous transformation of service delivery. It has taken many hours and many people to give our consumers these quality supports. I am concerned that if we continue to subtract the good people and the funds that have made these programs what they are, we could drift back to the days of total custodial care. Since many of our

consumers cannot voice their concerns, I think they are very vulnerable to the decisions we make in the State of Ohio.

- Waiting list Issues: length of time and current numbers.
- Services to high-cost Individuals (ranges 8 and 9) in home and community-based settings. Those individuals needing specialized care or 1:1 ratio. High cost may make it less effective to provide services to these individuals as part of the waiver.
- Reflecting upon the vulnerable areas, I wished to comment upon the group of our kids who are approaching transition from high school. We have worked hard to implement transition to work programs around our state (Project SEARCH, WINGS, Project Plus, etc.). One of the key components of the success of these programs is the partnership of the Ohio Rehabilitation Services Commission to offer job coaches. These coaches offer support for various aspects of the program, including job rotations at the initial program site and then more specialized coaching as the student moves into an internship position. Without the support of these coaches, I fear the opportunity of a successful community experience will be greatly diminished. Our daughter is a success story due to her participation in our local Project SEARCH (offered through a collaborative between Ohio Hi Point Career Center, the County Board of MRDD, and the Rehabilitation Services Commission). She had an excellent job coach who supported her throughout the program. Without this support, I am sure she would not have had as positive an outcome. She is now employed at our local county nursing home, where she receives full benefits. We have been blessed with a wonderful support system for our daughter.
- Reassurances: Families said they would be more willing to “volunteer” or give up some resources during the budget times, but how, when things get better, would they ever get them back? Don’t want permanent responsibility, especially as they get older.
- Confidentiality is sometimes problematic. Don’t do a good job with roommate matching which in return can be quite costly when someone moves out due to conflicts. Need to share more information regarding who a person is living with and not set them up to fail. Develop a release form that would allow information to be shared.
- I wanted to take the opportunity to share my comments as a parent of a child with Down Syndrome who is served by a County Board of MRDD. I want to advocate for the importance of the Family Support Services (FSS) program. I have a unique perspective as my family benefits from this important service and I also see the benefit as I work for a County Board of MRDD. My son has private health insurance, however it does not cover all of his costs. It doesn’t cover glasses that he needs more often than our two-year plan allows. Our insurance does not cover therapies due to a developmental disability. We have used and benefited from FSS which have covered the things he needs such as adaptive equipment, special shoes, glasses, respite, etc. He is on the waiting list for a waiver but we realize there are not enough of them to go around and many other individuals’ needs are greater than his and he must wait his turn. As I previously served as a Service and Support Administrator for three years, I worked with many families where Service and Support Administration and FSS were all that they received from the county board. This funding stream is all too important in assisting families care for their children at home to be able to provide the things needed to continue to care for them. I have seen how FSS assisted an aging caregiver cover the costs to set-up a special needs trust to make sure her daughter was taken care of when she passed. I have seen families who were burnt out and worn out from caring for their children and just needed a most welcome break that FSS provides for respite. I have seen our FSS Coordinator work with companies, vendors, and agencies to help families provide for their children at times in extreme circumstances where their very housing, heat, etc. were in jeopardy. We have been truly blessed in our county as the County Board has taken the approach that they provide the unique services that are geared

to the families' needs in supporting their child with disabilities. Our county has been most fortunate in this last round of cuts as they have chosen to absorb the cut and not pass it on to families. However, I feel this is an all too important program to take further cuts. We have around 250 waivers in our county, however FSS funding allows us to serve a total of 422 individuals from 403 families.

- I am concerned about the Early Intervention (EI) program. We have seen a huge increase in numbers of families who come to the board for services, particularly with children who have characteristics of autism. We are THE provider of EI services in our county. As our resources get dedicated to the mandated services, and for adults, there is less for EI. This is one service for which a waiting list is not appropriate, due to the age and developmental growth in infants and toddlers. It is also one area which can reduce the long-term costs to the system as well as help the future prognosis of the child.
- The medical and personal care of our aging MRDD consumers in Developmental Centers could be in jeopardy if direct care staffing is cut. The same is true in other MRDD service provider settings.
- Please find a way to keep funds helping families with children needing MRDD services.
- Early Intervention (EI) services are most vulnerable during these tough economic times. In our county, we rely entirely on local tax dollars, which are drying up. EI is proven through research to work. Though it is costly to make home visits, children and families benefit from better outcomes. The quality of our services will suffer without help. Please support EI services.

What are your suggestions for how ODMRDD and the entire MRDD system can save money and be more efficient?

- On the plus side of the economy of scale solution: I recently became aware that many county boards do not believe that the language in the current waiver reimbursement rule gives them the authority to require a person who needs continual supervision and supports to live with and share services with others when the person wants (doesn't need) to live alone and his/her Ohio Developmental Disabilities Profile range is large enough to cover the cost of the 1:1, 24/7 services. A couple of solutions may be to remove the "bottom" of each range so that all ranges have the same lower end and to add actual rule language that corresponds to the Medicaid tenet of effective and efficient.
- I would like for ODMRDD to ask families what will help them through this era of losing supports and services. They know what they need and usually it is a small amount of Family Support Services (FSS) money. Look at making FSS and waivers easier to obtain and cut the red tape that makes it so hard to maneuver so families don't just give up. Remember, it is the person with the disability's money and they should have more control over the process, the use, and the amount of assistance
- Service and Support Administrator perspective - Family Support Services (FSS) for most everyone eligible on my caseload is a significant resource that families rely on to pay for respite. The breaks in care giving that this provides is so very important to the mental health and well being of the entire family. In addition, FSS has assisted persons with funds to pay for guardianship, file for divorce from battering spouses, and assisted in preventing eviction or in implementing much needed adaptive equipment for their loved ones in wheelchairs.
- For all individuals that are placed in a funding range 9, that we have each of them be reviewed for prior authorization as funding range 9 is not an entitlement to live alone and receive 24-7 unless deemed necessary.
- Look at families to do what is natural care giving such as commit to "x" amount of hours per week or providing transportation as examples if they don't want to reduce the services they now have. Since we have allowed parents to be paid, it is now expected instead of what

was natural. Example: I take my two daughters that are NOT in our system shopping and to lunch but am not paid. It is natural!

- For ODMRDD employees – 32 hours personal leave: Use it as it was designed. If not used, you lose it and it cannot be paid out at the end of the year in cash
- One suggestion I have to save on paying overtime involves not my department, but one that has often been an issue for us on this shift, particularly during the winter months. I am referring to the maintenance department and the issue of snow removal. Since their entire department works primarily on first shift, any time they are called out after that, results in paying that employee overtime. If I am correct, they are automatically given four hours of pay, regardless of how long they are here. Our Developmental Center is a 24-hour facility. Prior to budget constraints, we had difficulty getting our walks/drives cleared during the night and the situation has become even more sensitive now. I am sure I do not need to point out that snow doesn't necessarily fall during daylight hours. I am wondering why the maintenance department cannot have its employees spread out to cover all the shifts, especially during the winter months where it is almost guaranteed that snow removal will be necessary. This would alleviate the need to pay employees overtime as they would already be scheduled to work on second and third shifts.
- I think ODMRDD should attempt to acquire a portion of the lottery funds currently designated for "education" uses only. I suspect the developmentally disabled community currently receives little, if any, benefit from these funds. In addition, the state could benefit by allocating a portion of these funds to ODMRDD since they can be leveraged with federal Medicaid dollars. If, in the future, the casinos become a reality in Ohio, I suggest we step up to the plate and ask for a portion of the state revenue from them.
- Other than cuts in services and other obvious things (reducing waste, turning off lights, reducing driving, etc.), my biggest suggestion would be to minimize paperwork in such a way that one support coordinator would be able to serve more consumers. I would love to be able to work more efficiently.
- For the entities that are currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or a similar body, licensed facilities currently holding a three-year license and county boards who have an exceptional record of accreditation by ODMRDD, eliminate any reviews by ODMRDD over the next biennium. The requirements of most accrediting entities such as CARF require the development of processes and procedures that far exceed the requirements of certification, licensure, and accreditation for county boards. The benefits of this action would be threefold: 1.) Possible reduction in ODMRDD administrative staff; 2.) ODMRDD would be able to pay more attention to providers and county boards who are struggling with meeting licensure, accreditation requirements, and the health/safety needs of those served; and 3.) Relieve service providers and county boards who are doing a good job of unnecessary reviews.
- Fast-track the implementation of the National Core Indicators with consideration given to expanding the sample base with the goal of implementation by July 1, 2009 on a statewide basis. Once in place, quality assurance reviews completed by entities who typically subcontract with county boards could be significantly reduced if not eliminated.
- Given the numerous comments by parents as well as providers about safeguarding compensation for direct support staff, there are several areas where change is needed that would directly or indirectly affect the resources available for direct support staff compensation. The first is the process for approving Medicaid waiver funding as it relates to new enrollees and plan revisions/renewals for current waiver recipients. Although the level of funding is inadequate to maintain a quality direct support workforce, the process, beginning with the funding range (Ohio Developmental Disabilities Profile), the Individual Service Plan, the 20/20, Daily Rate Application, and Payment Authorization for Waiver

Services (PAWS), needs to be streamlined and consolidated. Changes must occur in this area due to the huge amount of time that is spent on follow-up having to do with Individual Service Plan (ISP) approval and PAWS approval. The negative outcome of the current process which can and has put service providers out of business is the unnecessary billing and re-billing that must occur just to maintain the necessary cash flow. It is not uncommon for the business office of a service provider to spend over 50% of its time sorting out funding approval and billing issues – time wasted that could otherwise be spent on activities that have more of a direct impact on the needs of those served. We need to consolidate the process so that once the provider receives an approved ISP, it is understood that funding has also been approved.

- For the Level One waiver, allow families and individuals more flexibility in the use of the relatively small amount of funds available. This would include relief from reimbursement rules that unnecessarily restrict how much families can pay the service provider of choice. The total amount available to a family would remain the same. This change will provide more choice for waiver recipients and most likely increase the utilization of the Level One waiver. Fiscal responsibility would be with county boards through Service and Support Administrators who will have been re-trained.
- Immediately initiate an in-depth review of the cost data available for the various service models (i.e., Homemaker/Personal Care-Agency, Adult Day Support, Targeted Case Management, Adult Foster Care, etc.). The goal would be to assess and determine what rate model is most efficient and why. In particular, special attention needs to be given to the utilization of staff time relative to billable units. Taking into consideration areas such as paid time off (vacation, sick, holidays), training, and calamity days, establish a reasonable minimum percentage of time that one full-time equivalent position will be expected to bill.
- To accomplish a more efficient and effective Individual Service Plan (ISP) approval process, the Service and Support Administrator would no longer develop the ISP. ISP development would be the responsibility of the service provider. There are a number of reasons why it makes sense that the service providers develop the ISP; the most important being, with the exception of the family, the service provider is usually the most knowledgeable of the person's needs. The Service and Support Administrator would approve the ISP and the related funding, however, specific training would need to take place so that they could develop and maintain the necessary fiscal expertise.
- With the changing role and responsibilities of the Service and Support Administrator, changes to the role and responsibilities of the service provider also need to change. In the majority of situations, service providers are the best qualified to undertake care planning, identify and connecting with other needed services and bringing together the needed services. Having these responsibilities should create stability in the service provider direct support workforce by creating more opportunity beyond the Homemaker/Personal Care service for the direct support employee.
- Require that individuals access available community resources such as housing vouchers and community tenant based rental assistance programs. Through this type of resource, room and board expense for MRDD county boards could be significantly reduced. The responsibility for accessing this type of service would be with the service provider and one example of the provider's new responsibility of identifying and connecting with other needed services. A separate service model and rate would need to be created based on a cost data review. Ideally, the responsibilities would be a hybrid with a rate that falls between the current Targeted Case Management and Homemaker/Personal Care rates.
- Develop an initiative to capture patient liability funds, Social Security/Supplemental Security Income and payment for under-utilized community resources that the service recipient is eligible to receive. The responsibility for this area would be with the MRDD county board

due to their role as the local Medicaid authority and entity that determines service eligibility. It is important that whoever has this responsibility also have the authority to determine service eligibility.

- Allow service providers and/or county boards (if allowed by law/rule), to collect room/board from families or individuals based on a sliding fee schedule and their ability to pay.
- As a father of a son with autism, the Developmental Centers were the only alternative that could support his residency with needed medical oversight and excellent care giving. In contrast, the Intermediate Care Facilities for the Mentally Retarded and group homes provided insufficient oversight and care giving not as good. The health care provided at the Developmental Centers is generally superior to that of caregivers at group homes and independent providers because of salary and benefit differences. The union has made a difference only for the employees of state institutions, not private group homes and independents. You could offer a lower cost to state employees' higher deductible health care insurance and offer it to other providers as well (to be paid by them). This could save a lot of money, while encouraging other waiver providers.
- While I do not have any specific suggestions as to how to reduce costs, I urge you to look at factors such as cost shifting from institution to already cash-strapped communities, levels of disability, medical needs and age of the individuals, sources of funds, staffing costs, and differences in funding while making these difficult decisions. The residents in the state's Developmental Centers are among our most vulnerable and deserve to have adequate and compassionate care.
- A suggestion that I had to save the state and counties money (as I look at all the duplicate mail that is sent to our home) is instead of sending a packet to the individual and a packet to the guardian if they are at the same address, send only one packet if it's acceptable to them. If there is a mandate that each receive their own, have them sign a waiver stating they request only one packet be sent. I am just amazed to see all the duplicate info that comes to the home and think not only the postage that would be saved but the trees too (and I am not one to think green).
- I work for a county board of MRDD. I have seen budgets tighten and swell, and enjoy the scaling down and prioritizing it brings, but I've not seen anything like we are currently facing. We have already scaled down for so many years continually now, that it is becoming quite difficult to see where there could possibly be any "fat" left. People who need 24-hour services need them. Yes, some people who are not currently choosing to have roommates, or only have one roommate could have more. But an area getting my attention is the few extremely challenging situations that are costing us huge dollars to support. I recently learned how much my county board is spending just on one gentleman to live in a developmental center; a young man who truly hurts people. I don't know the solution, but if there were a way to save on those most expensive support needs, I believe it would free up the budget to be able to sustain the other services our community has come to depend on us for and sustain the level of health and safety currently being supported. The success of Early Intervention is indisputable, and these and other vital services must continue. We have behavior supports go into the homes of people living with their families; that is way more efficient than the families breaking down to the point the person can no longer remain at home.
- Suggestion on how "active treatment" in a Developmental Center can be provided: Some Developmental Centers seem to have an idea on what "active treatment" is, so it is suggested that the "treatment" be the same at all Developmental Centers. Developmental Center direct care staff need to receive the appropriate training to help the client learn the necessary skills to function in the community.
- My brother has lived in a Developmental Center for over 20 years and I have a very vested

interest in the continued budget cuts that I see happening there. I have been very close to the situation while my brother has been in their care. My suggestions that I have, if they have not already been done, would be to leverage all purchasing power for the state and to look at every expense line item and bid out the cost for all centers collectively and obtain the best quality for the best value for the clients. Also, looking at all items related to energy consumption just as light bulb replacement, automatic lighting that goes on and off when people enter and leave the room, etc. I led a strategic task force for a large organization which found \$60 million in savings by looking at each line item and determining how to obtain a better price through leverage or a better way to utilize resources. Closing centers and outsourcing the clients should not be a consideration. These clients have no voice and unless it touches you personally no one seems to take the issue head on.

- My suggestion is for reducing purchasing costs of large ticket items (buses, vans, etc.) by pooling our needs and negotiating for lower prices rather than seeking bids county by county. This might also work for health care coverage.
- We could continue to cut back in each area to the point of hurting the effective systems that are now in place or maybe we should consider consolidation of all the service delivery models in the state in a smart way that will allow the quality to continue.
- One of the suggestions brought forward by a parent during the forum was to reduce the requirement of an annual submission of Prior Authorizations. This suggestion resoundingly was considered a fabulous idea from Service and Support Administrators in our county. They suggested having it be re-submitted every three years or when a change dictated a re-submission.
- For years, ODMRDD has attempted to identify best/better practices occurring throughout the state, but I have not seen use of those practices with shaping the department policy decisions until recently. The state has adopted a 'Positive Intervention Culture' for behavior supports and is now attempting to shape policy decisions to develop this practice statewide. This is being done through training, policy decisions (prone restraint Information Notice), statewide committee, etc. My recommendation is to build on the better practices happening throughout the state. Determine where services and supports, Individual Service Planning and services to individuals are being delivered effectively and efficiently and for the Department to begin to develop policy, training and resources to be used statewide from these better practices. Include the input of the better practices providers and county boards. I know a regional Council of Governments has been working on an Integrated Individual Service Plan and process; has the Department had the opportunity to look at their product?
- Increase available services under the Individual Options waiver. Adding Personal Emergency Response Systems reduces the need for On-Site/On-Call and/or Homemaker/Personal Care services. Develop a Family Support Services model after Adult Foster Care; it could be a separate service under Homemaker/Personal Care. Like Adult Foster Care, it could be developed to keep within the structure of the existing reimbursement system. Services would encompass the entire milieu of services that occur in connection with living in a family setting. It could be available to any waiver recipients (regardless of age, both children and adults) that are living with a family member and/or guardian. Provider certification would be developed to reflect family member/guardian, as the provider. Like Adult Foster Care, it could be a daily rate using the same rate band methods as Adult Foster Care, which would ease documentation requirements
- While I am a proponent of learning/training, given today's economic environment, is it a possibility to reduce the training requirements in the area of adult day service? The requirement is greater than is found in residential programs and is very costly to implement. Or, could a hiatus be considered?
- If a person's waiver cost exceeds Intermediate Care Facility for the Mentally Retarded

(ICFMR) costs, the person should be served just as well in the ICFMR as opposed to the higher costing Individual Options waiver.

- The Individual Options waiver should be capped, just as the Level One waiver is. The Individual Options waiver is certainly going to exceed \$5,000, but could the Individual Options waiver be capped, the cap should not exceed the cost of alternative services (Intermediate Care Facility for the Mentally Retarded, Nursing Home, etc.).
- The transportation rates should be looked at; the rates are much higher than what a local bus service or a cab company could provide.
- To reduce waiting lists for waiver services, individuals being served in a Medicaid-reimbursed setting should not be eligible for waiver services and the names should come off the waiting list, greatly reducing waiting lists across the state, thus eliminating the need for waiver services.
- My suggestion to the budget crises is to offer another early buy-out; there should be a lot of state employees needing one year before retirement. The more years the State offers to its employees, the more employees will retire and in turn the more money the State can save. There is overwhelming support for this issue all over the state now would be a good time to take advantage.
- Help to find resources and get federal/state support to find resources that are dedicated to the Early Intervention programs.
- I think that some adjustments to the Individual Options waiver should be made so that the obligation of the local funds don't eventually mean that some boards will only be providing residential supports with its resources.
- The outliers of the system strain the local boards. ODMRDD needs to help find ways to get collaborative funding for those individuals who need the safety and structure of the Developmental Centers but who do not meet the statute which allows for Medicaid funding. Currently some counties are paying over \$450/day for individuals for whom there are very little choices for other options due to safety of themselves and others. There needs to be help funding the outliers.
- While we are on the subject of community integration, schools should not be run by MRDDs. That cannot be the Least Restrictive Environment. I understand the parent desire for a safe environment, but plenty of school districts are serving children just as complex in the community schools. The Ohio Department of Education should help school districts educate their own, rather that quietly acquiesce to separate but equal.
- I would like to suggest that the individuals who reside in Developmental Centers be treated more like the individuals who reside in the community when it comes to their spending. I feel that the Developmental Center managers and/or treatment team members need to be better trained to the individuals in the Developmental Centers. I feel that in Developmental Centers, some unnecessary items are treated as "needs" and there is no training as to the value or use/care of the items. Individuals in the community have to pay for their own rent, food, utility, and medical expenses. Since it is more difficult for the community individuals to obtain items of "want," once they do receive an item, most value it and take care of it. I'm sure that these individuals would like to have the same \$200 afforded to them monthly that is afforded the Developmental Center individuals. While I completely support individuals making their own choices, I am offended as a taxpayer and family member as to how the Developmental Center individuals (and those entrusted to assist them) are using funds. I take care of my own disabled family member in the home, and any available funds are used to cover medical supply expenses which Medicare/Medicaid either does not cover or does not provide enough (to last for the entire month). So I would like to see a little better management or normalization to the community spending levels.
- Cut Central Office administrative hours; look hard at what is essential, not just nice to have.

- Delay all but essential renovations (such as new black top, flooring, furniture, landscaping, etc.). Freeze these items in current budgets.
- Reduce the amount of “yard” that is mowed each week in facilities with large acreage; brush hog outlying areas a couple times per year. Mow areas around buildings for neat appearance.
- Turn office area thermostats down to 68° and request staff dress more warmly; turn them down to 65° in “off” hours.
- Ask “non direct care” staff if they could do their job with fewer hours.
- Cut administrative hours or job share more. Use assistants to carry out more routine day-to-day tasks that are more clerical.
- Teleconferencing could be used more to provide guidance and “judgment” consultations.
- Individuals’ Social Security benefit dollars that are in excess of what providers can charge for room and board should go to the county or state, not the “spending sprees” in order to stay eligible for Medicaid benefits. As a corollary to this, individuals with excess benefits should not be encouraged to participate in Medicaid Buy-In, which allows them even more disposable income that they are forced to get rid of, or to squirrel away into a trust fund. At our agency alone, the excess dollars in 2008 exceeded \$150,000; that’s 50% of individuals in licensed sites. That \$150,000 is enough local match to support eight new individuals on the waiver.
- Established private agencies and organizations providing housing and day services should write and coordinate the Individual Service Plan (ISP), with the County Board signing off their approval. Residential providers wrote ISPs for 20 years before the state changed the process. Through attrition or layoff, depending on the financial condition of a particular county board, county boards would be able to offer Service and Support Administration services with far fewer Service and Support Administrators – which, as a group, constitute a significant layer of cost to county boards.
- The Information Technology section of ODMRDD should set their daily billing format to automatically populate all the days for a week.
- Eliminate the floor level for waivers required for individual County Boards of MRDD required by ORC Section 5126.0512. The ability of County Boards of MRDD to utilize state subsidies for the purpose of Medicaid match has been critically eroded by state budget reductions already enacted. Boards can no longer guarantee funding a floor level of waivers without jeopardizing the long-term fiscal sustainability of the service system, as well as the services and supports to those already being served. County Boards of MRDD must have the ability to contain their Medicaid liability, while simultaneously realigning services and supports with current resources until solutions can be sought for long-term growth needs and financial sustainability.
- An increasing amount of waiver administration activities have fallen to County Boards of MRDD. Reduce ODMRDD and Ohio Department of Job and Family Services administrative requirements so that a portion of the Medicaid administrative fee paid by boards to those state agencies can be redirected to funding services and supports for individuals with MRDD. The current fee is set at 1.5% of total waiver payments. With an estimated waiver payment amount of approximately \$500 million, that would amount to \$7.5 million.
- As recommended by the MRDD Futures Committee, ODMRDD and County Boards of MRDD need to realign the eligibility criteria for ODMRDD-operated Developmental Centers with County Boards of MRDD. That would allow for meaningful dialogue relative to individuals that may reside in the Developmental Centers that could live in a community setting and vice versa. Costs to both ODMRDD and County Boards of MRDD could be reduced by better aligning resource availability to consumer needs.
- Redesign the overall waiver structure and how waivers are administered and implemented

(also a recommendation of the Futures Committee). Develop a reasonable cost cap for the Individual Options waiver; it could be tied to the average Intermediate Care Facility for the Mentally Retarded cost or some other pertinent metric. Would have to work on reasonable transition plans for those that would exceed a cap. For some individuals, depending on circumstances, may have to consider “grandfathering” in excess of the cap.

- Analyze who might be better served in the community versus at Intermediate Care Facilities for the Mentally Retarded, similar to how Developmental Centers might be more efficiently utilized.
- When possible, look for ways to support individuals in their family homes for longer periods of time. National data indicate that even if the resources were available (and they are not), there are not enough potential paid caregivers to meet the projected needs.
- Consider redefining the Level One waiver to incorporate elements of the support waivers that have assisted other states with waiver cost containment. This may increase the cost of the Level One waiver program, but will save money in the long run by enrolling individuals on a lower cost waiver instead of a more expensive Individual Options. Or, develop an entirely new waiver that would replace the Level One and provide more in-home supports and accomplish the same ends.
- Implement a plan for statewide-ness based on a regional plan versus 88 individual counties. This would allow some counties to continue to increase the number of waivers they request and others to remain the same or grow at a slower rate. Proportionately by region, however, statewide-ness would be maintained.
- A self-directed waiver template should be reviewed. However, the experience in other states (e.g., Oregon) appears to indicate that independent service brokers and fiscal intermediaries dramatically increased the cost of the waiver. Data need to be gathered from other states that have implemented self-directed waivers to see what their experience was relative to this waiver model to ensure that a change in waiver structure does not inflate the cost of its implementation.
- Fiscal and service planning oversight and controls administered by local County Boards of MRDD will remain critical to maintaining the long-term fiscal sustainability of the MRDD service delivery system.
- Based on its system of County Boards of MRDD and reliance on local taxpayers, Ohio commits more dollars per person served by far than any other state in the country. Recognizing that, any change in the waiver structure or in how waivers or designed should not jeopardize that funding relationship.
- Review the Ohio Developmental Disabilities Profile and the concept of funding ranges in the waiver. It is the belief that a dollar amount should not be imposed but that the concepts for ensuring health and welfare, efficiency, and effectiveness determine the required service levels needed. It would take away the tendency to look at the top of the range as an entitlement rather than focus on what is required to meet the individual’s health and welfare needs. Could also consider removing floor levels of funding as a way to facilitate efficiency and effectiveness standards.
- Re-think the Daily Rate Application. It rewards poor providers by guaranteeing funding of vacancies, which may be due to poor service. It is also requires a tremendous amount of resources (cost) to administer and raises the cost of service to other individuals in the congregate setting where there are vacancies. There has already been an increase in prior authorization requests that are a result of this inefficient rate structure versus consumer need.
- Review alternative methodologies for determining cost of doing business factors. The current system does not allow for enough separation between higher cost areas with lower cost areas and some providers are experiencing “windfalls” under the new rates while others

are struggling.

- Develop a private provider cost reporting and auditing methodology, which will include system incentives similar to those utilized in an Intermediate Care Facility for the Mentally Retarded for private providers to ensure operational efficiencies. The fact that private providers are not audited invites abuses and excesses in the system. The vast majority of newly generated Medicaid revenues are going to private providers and not being audited.
- An effective process for monitoring provider utilization is critical to the long-term fiscal sustainability of the system. Current state information systems do not lend themselves to easily accessible utilization data by consumer, service site, or provider. There is no efficient and effective way to compare what has been approved in an Individual Service Plan and submitted on a Payment Authorization for Waiver Services to provider billing documents. Particularly given the fact that providers are not audited, the current system invites at best, sloppy record keeping and at worst, Medicaid fraud. The more services are bundled (e.g., Daily Rate Application), the less dollars can be monitored and the less services and support costs can be based on individual need. As an aside, recent correspondence from ODMRDD indicating that County Boards of MRDD cannot request hard copies of documents from private providers is not supported in rule or statute and such a prohibition only further takes away the ability of local boards to monitor services provision to ensure the health and welfare of persons served and financial efficiency.
- Implement administrative efficiencies throughout the system. Continue to explore the possible ways to utilize Councils of Governments to facilitate sharing of administrative resources among boards. Pursue deemed status for County Boards of MRDD and providers that are appropriately accredited to reduce the administrative costs of the ODMRDD for provider licensure and County Board of MRDD accreditation costs. Review the current practices relative to certification of County Board of MRDD staff to achieve administrative efficiencies.
- Review the proposed Hardship Pool to ensure that County Boards of MRDD can maintain their Medicaid and mandated service and support commitments if confronted with a catastrophic fiscal event.
- Pursue the movement of County Boards of MRDD 501 subsidies to the Medicaid Match Subsidy to maximize the potential Federal Financial Participation that potentially could be realized. Relative to the Family Support dollars, some County Boards of MRDD utilize those dollars for waiver match so a county should have the option to move those dollars as well. To administer Medicaid as required under House Bills 94/405, there were a number of increased administrative costs that counties incur. The recommendation is that these costs be considered legitimate “match expense” like waiver match. They would include credit for Targeted Case Management match; Medicaid Administrative Claiming; Day Array match; Transportation match; and the costs of maintaining Major Unusual Incident Investigative agents, a Medicaid Manager, and a Business Manager.
- Obtain approval from the Centers for Medicare and Medicaid Services of the proposed Medicaid Administrative Claiming proposal.
- It is recommended that if Developmental Centers or other ODMRDD line items or portion of their budget are going to be held harmless by the Governor’s Office or the Director of MRDD in future budget cuts, the expense associated with running them relative to the ODMRDD budget should not be included when the state is applying its cost cutting percentages.
- Waiver match movement county to county needs to be codified in statute and rule. There is some language addressing the Individual Options waiver now but the Level One is not addressed at all. Individual Options waiver match would follow the consumer from the sending county to the receiving county. The sending county would have its state allocation reduced; the receiving county would have its state allocation increased in the amount that

would support the same level of service the individual was getting in the sending county. Level One waiver match, because it was primarily all local county dollars, would not follow the consumer. The receiving county would be required to provide match that would support the same level of service the individual was getting in the sending county. The sending county could voluntarily, however, negotiate with the receiving county some match arrangement, but that would be between the two counties. Local tax dollars from one county cannot be required by the State to be sent to another.

- Implement strategies to free up existing funds and reinvest those funds in four priority areas: 1) Increase provider reimbursement to impact direct support staff wages, benefits, training and supervision. 2) Impacting waiting list enrollment once funding comes available. 3) Assist tax poor counties with the cost of waiver services for individuals with intensive needs. 4) Reduce or eliminate the effect of cuts that impact individuals in the MRDD system.
- Maximize federal revenue. The MRDD system needs to leverage federal funding by ensuring that individuals who are being served solely through county levy or state dollars are enrolled on Level One waivers and federal matching funds are being drawn into the system. Keep any additional revenue generated as a result of the federal stimulus in the MRDD system. Utilized Medicare Parts C and D to offset cost to individuals, providers, and county boards.
- Manage Individual Options waiver enrollment. While budget funds are tight, Individual Options waiver enrollment needs to be managed commensurate with available funding.
- Increase average setting size. On a voluntary basis, the average setting size needs to be increased statewide. Efficiencies can be found in increased setting sizes that ensure the highest quality of care possible under the inadequate reimbursement rates. This is a longer-term cost savings initiative.
- Eliminate excess rules and regulations. Rules and regulations need to be reviewed to ensure they add value to the system. Over the past several years, requirements such as medication administration, delegated nursing, behavior support, adult day services array staff certification requirements, and other staff trainings have been added. Efficiencies can be found by streamlining requirements. Duplicate reviews are unnecessary. Staffing ratios and the requirements take away providers' flexibility to provide quality services. Redefine the role and relationships of provider program managers and county board Service and Support Administrators as recommended in the MRDD Futures process.
- Streamline billing and payment processes. The accuracy and timeliness of the individual service plan billing and payment system continues to be a hurdle for providers. A better process will allow providers to focus less on paperwork and cash flow.
- Leverage technology. Increased use of new technology needs to be encouraged. Technology often requires an up-front investment that must be Medicaid reimbursable. For example, adding remote monitoring systems as an approved waiver service will reduce cost and without compromising quality. Long-term savings can be large through technology improvements such as having online waiver service planning, authorization, billing, and adjudication.
- Overhaul the waiver reimbursement system. The overall complexity of the current waiver reimbursement system costs significant staff time for providers, county boards, and the state.
- Make value added changes only. This is certainly not the time to add any requirements that increase administrative cost with no financial or quality offset. For example, training requirements need to enhance quality of services.
- Consolidate Individual Service Plan (ISP) components and requirements into one rule. Rescind rules or remove references to ISPs in other rules to accomplish this consolidation. The current multiplicity of reference to ISP components creates confusion and also places

Service and Support Administrators in the position of having to interpret conflicting requirements. Revise rules to include timelines for the development of an ISP and the following creation of a Payment Authorization for Waiver Services (PAWS). There should also be a compliance monitoring component. Initiate a long-term review of how to physically link the ISP and the PAWS documents. This could result in one combined standardized document or some other standardized linkage.

- Convene a group to look at funding options for delegated service coordination functions. There are three models that could be used as a starting point for what these functions are and how they could be paid for. Summit, Lucas and Franklin County Boards of MRDD are or have delegated such functions.
- Examine the model that was used to create the current Homemaker/Personal Care rate. Determine which program management functions were included in that model. Link these model assumptions to statute and the Service and Support Administration rule. Determine ways to reduce conflict, confusion, and varying interpretations around what the rate pays for in this service category.
- Explore the potential for the development of a group to craft a pilot project to test the efficacy of providers writing service portions of the Individual Service Plan.
- Individual Service Plans (ISPs) are developed in a variety of ways and in a variety of formats throughout the state. Both the Centers for Medicare and Medicaid Services and the Ohio Department of Job and Family Services have noted consistent problems with the timeliness and accuracy of these documents. As ISPs are the defining documents for service delivery, billing, payment, and audits, it is essential that they meet all regulatory requirements. Agency providers should be given the first opportunity to write the ISPs (with the exception of new referrals). This is the method in which service plans are written in most other service systems, including the Intermediate Care Facility for the Mentally Retarded program. As providers are liable for the components of the plan and typically know the individual best, it makes sense that they assume responsibility for this piece of the process. This proposed structure will save time and increase both the accuracy and consistency of ISPs. The county board should retain the authority to recommend the plan for approval.
- Develop an online, standardized Individual Service Plan format. This will again insure consistency across the state and save regulatory agencies the time in learning multiple systems during a review process.
- Individual Service Plans written within the individual's approved Ohio Developmental Disabilities Profile range should be approved quickly; and that the timeframes be specified in rule.
- Agency providers should complete the web-based cost calculator and submit it to the county concurrently with the Individual Service Plan (ISP). If the cost is within the individual's Ohio Developmental Disabilities Profile range, the web-based cost calculation would authorize payment in conjunction with the approval of the ISP. The Payment Authorization for Waiver Services process as it now exists would be changed; which would increase efficiency and timeliness. Clear timelines for approval should be specified in rule that will in turn allow for quick funding authorization.
- The Payment Authorization for Waiver Services procedure is multi-tiered, poorly communicated, and rife with problems, contrary to a time sensitive approval process. Elimination of this step will save time, energy, and effort across the system. As a component of the web-based cost calculator, a fiscal summary sheet would become a component of the Individual Service Plan (ISP). The fiscal summary would correlate to the services and supports outlined in the ISP and be approved simultaneously with the ISP. Once an approved ISP is received by the provider, it would be understood that funding is also approved. Implementation and billing for services would begin immediately.

- Recommendations of the Individual Options Waiver Simplification Task Force should be implemented as quickly as possible in order to ease the excessive workload on both providers and county boards in the administration of waiver programs.
- The certification and registration standards for Service and Support Administrators are cumbersome, excessive, and costly to the system. The certification rule (5123:2-5-02) is three pages longer than the rule describing the actual tasks Service and Support Administrators are expected to perform (5123:2-1-11). We believe that no value is added by these requirements; only cost.
- Training and certification requirements for service and support administration functions should be revised, so as to be reasonable and cost efficient. Any requirements should be targeted to the actual work performed. For example, no training in Medicaid or Individual Service Plan development is currently required by rule. Provider qualifications should be consistent with the work performed and comply with applicable Medicaid standards. Any required training should be competency based, per the MRDD Futures Committee recommendation.
- The tasks associated with service coordination and administration are performed by a variety of individuals throughout the MRDD system. Providers, county board/councils of government staff, and ODMRDD personnel all perform pieces of this work and the task assignments vary from county to county. The majority of tasks inherent in this work are a function and not a specific position. In order to realize the greatest efficiencies, the tasks should be performed at the closest point of service. For individuals receiving residential (agency) services, this would be at the provider level.
- Currently, the service coordination work being performed by providers is sometimes reimbursed at the Homemaker/Personal Care rate. Most often, it is not reimbursed at all. This type of work clearly requires a skill set above what is typically thought of as Homemaker/Personal Care. Service coordination should become a distinct, billable service under the waiver program. Providers could perform functions such as assessment, individual service planning and development, referral and linkage, and coordination between agencies at significantly less cost than is currently being billed through Targeted Case Management. Private providers have historically had lower operating costs than governmental entities and could therefore provide the service at a lower rate than is currently specified in the Targeted Case Management rule. In order to accurately estimate and contain the costs associated with this, the number of service hours per person should be limited to a reasonable amount, rather than be open ended. This change would reduce costs and expedite service delivery to individuals.
- Many of the Service and Support Administration functions can be more efficiently and effectively delivered by the residential provider. This shift in functions will result in reduced overall costs and expedite the delivery of services to individuals.
- The Family Support Services (FSS) program ensures the availability of supports to help people live as they choose; promotes their health, safety and welfare; and helps and supports the families of these individuals in reaching these goals. ODMRDD provides funding for FSS to each County Board of MRDD. A primary goal for families using this service is to assist in caring for individual family members in their homes. The support provided with FSS funds enhances the quality of life for the entire family unit, and includes: respite care, adaptive equipment, home modifications to accommodate the family member with a disability, special diets, and other services/items that are individualized to meet the needs of the family. Although this vital program is cost affective, it has never been fully funded. We must protect this line item in the ODMRDD budget and ask that the original intent and use of this legislation and program funds be protected. This small amount of funding can mean the difference to a family surviving or forcing the family member to move

into a much more expensive living situation. Families want to stay together and FSS is their salvation. As waiting lists grow longer (more than 30,000 in Ohio) and the time spent on waiting lists can be years, FSS is the only lifeline!

- Hold harmless all funding for the ODMRDD
- Hold harmless all funding affecting Ohioans with disabilities in all sections of the Ohio State budget
- Increase funding for Family Support Services
- Look at other state revenue rather than cutting services. This could include, but is not limited to, increased taxes.
- Expand waivers to support Ohioans with disabilities and draw down federal funds
- Maintain and improve Medicaid Buy-In
- Expand and enhance technology
- Keep Ohioans out of institutions
- Give priority to “special populations” in the state budget
- Reform nursing home and Intermediate Care Facility of the Mentally Retarded funding
- Enhance local control
- Implement a “long-term fix” to the budget crisis through tax reform
- Balance long-term care
- All services must be self-determined/consumer-directed
- Provide adequate wages/benefits/training for direct support professionals
- Health insurance parity
- No cuts to provider rates
- Cost benefit/human value
- Reduce waiting lists for services
- Support Ohio Center for Autism and Low Incidence Transition Project
- Renew Developmental Disabilities Screen Project
- Expand preschool funding