

**BOARD OF COUNTY COMMISSIONERS
TAX LEVY REVIEW COMMITTEE
HAMILTON COUNTY, OHIO**

**HAMILTON COUNTY
DEVELOPMENTAL DISABILITIES SERVICES
CONSULTING REPORT**

CONFIDENTIAL

January 2, 2014

**BOARD OF COUNTY COMMISSIONERS
TAX LEVY REVIEW COMMITTEE**

**TAX LEVY PERFORMANCE REVIEW OF HAMILTON COUNTY
DEVELOPMENTAL DISABILITIES SERVICES**

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CONSULTING REPORT

Board of County Commissioners and Tax Levy Review Committee
Hamilton County Developmental Disabilities Services
Hamilton County, Ohio

We have concluded our engagement which was requested by the Board of County Commissioners, Hamilton County, Ohio (the "Board") to assist the Tax Levy Review Committee (the "TLRC") and the Hamilton County Developmental Disabilities Services ("HCDDS") with the tax levy performance review. This report presents our comments based on the results of our procedures.

The information presented is based on discussions with and information provided by the Board, TLRC and HCDDS. We have not independently verified the information gathered or contained in this report and, accordingly, our procedures do not constitute an audit, review or compilation of the information provided; thus, we do not express a conclusion or provide any other form of assurance on the completeness or accuracy of the information.

Our assistance was directed to the activities and financial information that the Board and TLRC identified as being a concern to HCDDS. In performing our services, we performed inquiries and analyses based on the information made available to us, and we relied on the sufficiency, accuracy and reliability of information provided by HCDDS.

We performed the tax levy performance review procedures listed in this report. The procedures were limited to those which the Board and TLRC determined best met HCDDS' informational needs and cannot be relied upon to disclose all significant matters about the HCDDS tax levy performance or to disclose errors, fraud or other illegal acts that may exist. Had we performed additional procedures, or had we conducted an audit or review of HCDDS, other matters might have come to our attention that would have been reported to you.

Due to its special nature, our report may not be suitable for any purpose other than to assist the Board and TLRC in the tax levy performance review of HCDDS. Consequently, our report is for the Board, HCDDS and TLRC's information and use only and should not be used by anyone else. In addition, our report is based on the period from January 1, 2010 to October 31, 2013. Given the fact that many aspects of the tax levy performance review, including budgeted, forecast or projected information, have either not been finalized or are not yet documented, certain changes may materially affect the financial information we received and are not reflected in this report. We have no responsibility to update our report for events and circumstances that occur after January 2, 2014.



Cincinnati, Ohio
January 2, 2014

**BOARD OF COUNTY COMMISSIONERS
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DEVELOPMENTAL DISABILITIES SERVICES**

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Decosimo was engaged to conduct consulting services for the Hamilton County Disabilities Services (HCDDS). Our engagement was performed to provide information for the following key objectives as identified by the Board of County Commissioners, Hamilton County:

- Compliance with the current contract with Hamilton County.
- Comprehensive financial analysis, including compliance with, and maximization of, current and planned funding contracts.
- HCDDS current operating efficiency relative to:
 - the HCDDS strategic plan,
 - the HCDDS peers, and
 - reasonable expectations.
- Comparison of HCDDS operations with peer comparisons.
- Identification of basic level of services of which meets legal requirements.
- Recommendations for tax levy contract provisions between HCDDS assuming successful passage of the proposed tax levy.
- Recommendations for cost savings and/or revenue enhancements.
- Review of potential impacts of the Affordable Care Act and potential Medicaid expansion.

All of the reported observations and recommendations were based on information and discussions accumulated as part of the tax levy performance review procedures.

A summary of the results of our services and related procedures is provided.

FORECASTED FINANCIAL RESULTS

HCDDS management has forecasted a scenario in which the current levy is renewed (at a 4.13 Millage (Mills) rate) and all other expenses and revenues are forecasted with the best evidence and knowledge available as of December 2013. In this scenario, each forecasted year is a net loss and each year the loss increases. This scenario also expectedly drives the fund balance into a deficit.

	Year 1 2015 Forecasted	Year 2 2016 Forecasted	Year 3 2017 Forecasted	Year 4 2018 Forecasted	Year 5 2019 Forecasted
Net change in fund balance	\$ <u>(4,016,000)</u>	\$ <u>(4,775,000)</u>	\$ <u>(5,550,000)</u>	\$ <u>(6,346,000)</u>	\$ <u>(7,159,000)</u>
Ending fund balance	\$ <u>10,631,000</u>	\$ <u>5,856,000</u>	\$ <u>306,000</u>	\$ <u>(6,040,000)</u>	\$ <u>(13,199,000)</u>

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At 4.13 Mills, the forecasted revenue from the tax levy is approximately \$366,252,000 (on average, \$73.2 million per year over five years). The above analysis indicates that HCDDS will need a combination of additional funding and cost reductions totaling \$13,199,000 for a total of \$379,451,000 to break even at the end of upcoming levy period. The forecast does provide for an annual pay increase of 1.75% for an accumulated impact of 9.06% over the five year levy period.

Action Steps and Projected Outcomes

Based on the projected deficit, several action steps should be considered and implemented, including the following:

- Beginning with the 2014/2015 school year, consider requiring school districts to transport students to HCDDS school locations.
- Consider possible attrition due to changes in the State Retirement Systems.
- Consider implementing an Employee Retirement Incentive Plan (ERIP).

As noted in the table below, it appears that the combination of the action steps will have the projected results to alleviate fund balance deficits.

	Year 1 2015 Projected*	Year 2 2016 Projected*	Year 3 2017 Projected*	Year 4 2018 Projected*	Year 5 2019 Projected*
Net change in fund balance	\$ <u>(3,958,000)</u>	\$ <u>(2,455,000)</u>	\$ <u>(1,882,000)</u>	\$ <u>(2,614,000)</u>	\$ <u>(3,363,000)</u>
Ending fund balance	\$ <u>10,689,000</u>	\$ <u>8,234,000</u>	\$ <u>6,352,000</u>	\$ <u>3,738,000</u>	\$ <u>375,000</u>

*Projected based on implementation of action steps.

(See the Financial Analysis and Forecast section of this report for additional detail.)

THE NO-LEVY ALTERNATIVE

HCDDS management estimates that if a tax levy were not to pass, The Hamilton County General Fund would have to approximately subsidize the required HCDDS services in the amounts of:

2015	\$ 20,160,000
2016	\$ 32,735,000
2017	\$ 32,735,000

Based on all information provided by management, it is estimated that an annual minimum subsidy of approximately \$32.7 million would be required to perform services from 2016 and thereafter. **Appendix B** highlights the minimum required services based on the Ohio Revised Code.

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Workload assumptions made to arrive at the required subsidy amount are as follows:

<u>Information</u>	<u>Current Approximate Workload</u>	<u>No-Levy Alternative</u>	<u>Change in Service Levels</u>
Client services performed	16,975	9,476	(7,499)
Waiting list	2,622	12,764	10,142
Full-time equivalents	603	164	(439)

As noted, the no-levy alternative essentially requires HCDDS to perform only mandated services. It is estimated that this scenario will decrease services performed by approximately 7,499 while increasing the waiting list for services by 10,142. This scenario would also require lay-offs of approximately 459 employees.

OTHER INFORMATION

The table below represents the entirety of operations within the HCDDS. Our engagement was limited to Fund 003 - Tax Levy Operating Fund. The "Help Me Grow" Fund has a current negative fund balance. As all expenses in the Help Me Grow Fund are reimbursable, the negative fund balance is therefore related to the timing of the revenues.

Entity-Wide Fund Balances

Fund	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013
003 - Tax Levy Operating Fund	\$ 30,762,934	\$ 34,350,957	\$ 27,383,763	\$ 18,089,255
500 - "Help Me Grow" Fund	-	-	(169,756)	(126,286)
920 - Capital Projects Fund*	-	-	-	-
961 - Donations Fund	<u>64,370</u>	<u>47,832</u>	<u>72,796</u>	<u>81,827</u>
Entity Wide	<u>\$ 30,827,304</u>	<u>\$ 34,398,789</u>	<u>\$ 27,286,803</u>	<u>\$ 18,044,796</u>

Source: HCDDS

*The Tax Levy Operating Fund transfers amounts to the Capital Projects Fund to subsidize and cover any capital outlay and related expenses in the Capital Projects Fund.

HISTORICAL RESULTS INCLUDING GENERAL COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY, OHIO

Over the past five years, historical financial information indicates declining revenues, primarily from the tax levy, combined with increasing expenditures. Actual fund balance as of January 1, 2010, (the beginning of the current levy period) was \$28,651,202. Fund balance is budgeted to be \$14,647,700 at December 31, 2014.

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All evidence provided indicates the HCDDS adhered to and is in general compliance with the current contract with Hamilton County, Ohio.

(See the Historical Results and the Analysis of Compliance with Current Contract with Hamilton County sections of this report for additional detail.)

OPERATIONS ANALYSIS

Over the past five years, client service data indicates that HCDDS has, on average, provided approximately 16,250 services while serving, on average, approximately 7,665 individuals and families. Depending on the year and related service, the average cost per services performed over the past five years has ranged from \$6,334 to \$7,321. To service clients, HCDDS has approximately 600 full-time equivalents on staff. Over the past four years, the average waiting list has been 2,657.

(See the Operations Analysis section and Task #3 of this report for additional detail.)

COMPARATIVE DATA AND ANALYSIS

Comparative data analyzed, including financial and workload metrics, appears to indicate that HCDDS compares favorably with both their Large Peer group (Franklin and Cuyahoga counties) and an All Peer Group (including Butler, Clermont, Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, Summit and Warren counties).

(See the Comparative Data and Analysis section of this report for additional detail.)

OBSERVATIONS

HCDDS should continue to expand its use of private provider contracts as a primary means of service delivery. Reliance on this service delivery model will enable HCDDS to provide services to a greater number of people at a lower per unit cost. To effectively manage these contracts, HCDDS will need to continue to expand its administrative support capabilities. This may include additional training or increases in personnel at the appropriate levels.

Field observations, interviews and data review indicate that the HCDDS caseload is growing in size and complexity. Anecdotal evidence appears to indicate that the level of acuity of new clients continues to increase. Other evidence indicates that additional burdens will be placed on HCDDS as their client base continues to age. With an increased life expectancy of the population as a whole, and the client base served by HCDDS, comes additional costs for service. For example, one provider reported diagnosis of Alzheimer's within its client base. As these trends continue, HCDDS can expect its unit cost of service delivery to increase.

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The expansion of Medicaid and increased enrollment under the Affordable Care Act will have a significant impact on the way healthcare is paid for the citizens of Ohio and the country. Even with subsidies to the low income, there will be increased expectations of clients to pay a portion of their healthcare cost primarily through patient deductibles under the exchange plans.

However, most clients served by HCDDS are “dual eligible” based on the fact their disability generally qualifies the client for Medicare. This means the clients have both Medicare SSI and Medicaid coverage to pay for their healthcare needs. Accordingly, the Medicaid expansion will have limited, if any, impact in increased funding as HCDDS currently bills for covered services by HCDDS providers.

Other general observations include:

- HCDDS continues to be a well-functioning organization. Earlier this year, it received a five year best practices accreditation from the state of Ohio Department of Developmental Disabilities (DODD). It currently holds a 3 year re-accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).
- HCDDS continues to meet its legal obligations as established by Hamilton County, Ohio, and the United States government.
- HCDDS has complied with all the recommendations included in the previous tax levy review, either through direct action or indirectly.
- HCDDS continues to compare well with peer jurisdictions in Ohio for case load management and cost of services.
- HCDDS has experienced, and will continue to experience, substantial growth in its service demand, with minimal increase in service staff and decreased funding. This has placed large workload demands on its staff. HCDDS will have to confront this issue over the next several years. Options to compensate for this issue include increasing staff to maintain current levels of client service in the face of the growing program enrollments, reducing services and increasing waiting lists, or a combination.
- HCDDS has worked with Hamilton County to identify additional revenue to offset the loss of revenue that resulted from the elimination of the tangible personal property tax.
- HCDDS has made difficult decisions as they adjusted to the changing economic environment. This includes service restructuring (transportation) and staff reductions. As they have met the challenges, they have continued to maintain a high level of excellence in the services they provide. HCDDS has adjusted to the economic impact of their budget by:
 - eliminating 35 staff positions,
 - implementing an Early Retirement Incentive Program (ERIP),
 - eliminating staff pay increases,
 - moving contracted agencies to a uniform rate,
 - requiring providers to become their own provider of records,
 - requiring service providers to become Medicaid providers, and
 - requiring school districts to pay more tuition.

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EXECUTIVE SUMMARY

RECOMMENDATIONS

- HCDDS should continue to aggressively pursue Medicaid waivers as a means of providing a broader range of services to its participants while minimizing cost obligations.
- Transportation service is a critical service provided by HCDDS. It represents approximately \$11 million in annual costs. HCDDS must continue to analyze both the practical and legal restrictions of allowable travel time and factor such analysis into any future decisions about service location areas. HCDDS staff appears to be constantly working to find appropriate ways to minimize transportation costs.
- HCDDS should continue to explore shared initiatives with Hamilton County Mental Health and Recovery Services Board (HCMHRSB) and the Council on Aging.
- HCDDS should continue to pursue shared services with neighboring counties, in order to provide for an improved service support and coordination and, ultimately, to achieve greater financial efficiencies in administrative areas.

Other Financial Considerations

As noted, implementing the recommended action steps leaves a projected fund balance at the end of the levy period of \$375,000. We recommend continuous monitoring of fund balance during the upcoming levy cycle. If fund balances continue to erode at a pace greater than expected, HCDDS does have an option available to potentially increase revenue streams by increasing the fees to the various school districts for school-age children services.

Currently, school districts are assessed 50% of HCDDS school service operation costs. Based on information provided, it is believed that increasing the fee for services to the school districts could approximately increase revenues by up to **\$2,962,000**. These amounts take into account a potential loss of school district participation.

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OVERVIEW OF HCDDS OPERATIONS

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Hamilton County Developmental Disabilities Services is a county organization, established by state law, that serves people with developmental and intellectual disabilities in Hamilton County, Cincinnati, Ohio.

The agency provides services to infants, children and adults with developmental disabilities, including case management, schools, adult centers, infant therapy, family support, housing support, funding assistance, benefits assistance and more.

The Superintendent is hired and supervised by the seven member Board of Directors of which five are appointed by the County Commissioners and two are appointed by the Probate Judge.

Locations

Adult Centers:

- Elmer P. Beckman Adult Center, 2600 Civic Center Dr, 45231
- Robert W. Franks Adult Center, 5884 Bridgetown Rd, 45248
- E. Roger Jackson Adult Center, 5093 Kingsley Dr, 45227
- Thomas H. Kidd Adult Center, 9910 Reading Rd, 45241

Schools:

- Bobbie B. Fairfax School, 4999 Kingsley Dr, 45227
- Margaret B. Rost School, 5858 Bridgetown Rd, 45248
- Several satellite locations across the county

Early Intervention:

- Bobbie B. Fairfax EI, 4999 Kingsley Dr, 45227
- Margaret B. Rost EI, 5858 Bridgetown Rd, 45248

Service Facilitation, Funding Support, Benefits and other Community Services:

- Queensgate Office, 801 A West 8th St, 45203

Administration:

- D. Cheryl Phipps Support Center, 1520 Madison Rd, 45206

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OVERVIEW OF HCDDS OPERATIONS

Mission

The mission of HCDDS is to help people and their families achieve what is important to them.

Vision

HCDDS is working with people who have developmental disabilities, their families, people who provide support services and other citizens of Hamilton County to build a future in which people with disabilities:

- Are able to say what services they want and get them,
- Learn skills that lead to good jobs and better lives,
- Have networks of friends and family who care about them,
- Have well-trained staff who listen and offer help in planning for the future, and
- Are safe, healthy, involved members of their communities.

Philosophy Statement

The principles of self determination are central to the services and supports the agency provides and to the planning process for services that meet an individual's needs and wishes.

This person-centered approach to providing services is based on an individual's choices, preferences, strengths and dreams. Planning includes family and the "circle of support." The circle of support includes others who are most important to the person.

Board

Board meetings take place at 5 p.m. on the second Tuesday of each month except in July and August. All meetings are at the HCDDS Support Center located at 1520 Madison Road, Cincinnati, Ohio 45203. The minutes from the previous meeting are generally approved and made available the next day.

The Board is made up of seven people from the Hamilton County community and the Superintendent of HCDDS. The Board of County Commissioners appoints five members, and the senior probate court judge appoints two members.

Two of the Board members appointed by the Board of County Commissioners must be immediate family members of individuals served by the agency, one with a family member eligible for adult services and one with a family member eligible for children's services. One of the members appointed by the senior probate judge must be an immediate family member of an individual eligible for residential services or supported living.

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OVERVIEW OF HCDDS OPERATIONS

Services

Developmental disabilities start before the age of 22 and include lifelong intellectual or physical disabilities.

How to receive Services

The steps to eligibility

1. Call (513) 559-6990 and ask for the Introduction and Eligibility (I&E) Department. If the person is under three, contact Help Me Grow at (513) 281-GROW.
2. Proof of Disability. The applicant must provide proof of disability. The most recent school, medical and psychological reports will provide proof that a person has a disability. Families are asked to gather these records. Guardians will need to provide Probate Court records showing proof of appointment.
3. Visit and Overview. Once records show that a person has a disability, the I&E Department will send an Eligibility Specialist to meet with the applicant or the applicant's family member. They will listen and ask questions using state tools to evaluate eligibility. They will review a persons abilities in mobility, learning, self-care, self-direction, communication, capacity for independent living and economic self-sufficiency (ages 16 and up only). Infants up to age two can receive services through Help Me Grow at (513) 281-GROW if they have one delay. Kids three to five must have two delays. Those six and up must have a confirmed disability starting before age 22 and functional delays in three or more areas.

Eligibility redetermination takes place at ages three, six and 16. This means the applicant or the applicant's family member might not always be eligible for services.

4. Eligible or not eligible. The goal is to complete the application process within 30 days, but this depends on how quickly the family provides records confirming a developmental disability. The applicant will receive a letter stating if they are eligible or not. If the applicant is eligible, HCDDS will help the now "client" access the services he/she needs.

Services for children

1. Early Intervention (EI)

Early Intervention (EI) Services are provided by HCDDS for children under the age of three.

Once a child is determined eligible for services, an Early Intervention Team will support the child and the child's family. The team includes a Service Coordinator, Physical Therapist, Occupational Therapist, Speech Therapist, Developmental Specialist and Behavior Specialist.

One member of the team will be assigned as a Primary Service Provider (PSP). This professional will visit the family and the child regularly at home or other community settings. At each visit, the PSP will help to address questions and priorities related to the child's development. Together, the family and the PSP will find ways to support the child during everyday activities. The PSP will consult other team members as needed, and they may join the PSP on visits with the client.

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OVERVIEW OF HCDDS OPERATIONS

The Service Coordinator on the client's team provides guidance through the services. The Service Coordinator learns about the family, the daily activities, the hopes and the priorities for the child. They also arrange evaluations, assessments, services and meetings.

Early Intervention Office locations:

Fairfax EI
4999 Kingsley Drive
Cincinnati, Ohio 45227

Rost EI
5884 Bridgetown Road
Cincinnati, Ohio 45248

2. Help Me Grow

In 2012, the administration of Help Me Grow moved to HCDDS.

Help Me Grow Offers:

- Parenting tips and parent-to-parent networking and support,
- Screenings for children suspected of having developmental delays,
- Links to community resources and services on child health, growth and development, and
- On-going home visits to keep each child on the road to healthy growth and development.

Help Me Grow is a program for expectant parents, newborns, infants and toddlers that provides health and developmental services to children so they start school healthy and ready to learn. All services are designed with the individual family's concerns and goals in mind. Services are voluntary and free. Help Me Grow is an Ohio Department of Health program available in all 88 counties in Ohio through the county Family and Children First Councils. The program is designed to bring together several systems of care for early childhood to provide a comprehensive package of service for families and their children age zero to three.

What's the difference between Help Me Grow and Early Intervention?

Essentially, there is no difference. If a child is enrolled in Help Me Grow, he/she gets Early Intervention Services, though some parents pay for their own therapies and do not use HCDDS. If the child is in Early Intervention, he/she is in Help Me Grow.

3. School Age Program (up to age 22)

HCDDS has two schools that offer instruction to students with significant disabilities. Students are enrolled through their home school district. Student progress is reported quarterly with an annual review of the child's individualized education plan (IEP).

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The two schools are:

Bobbie B. Fairfax School
4999 Kingsley Drive
Cincinnati, Ohio 45227
(513) 271-2313

Margaret B. Rost School
5858 Bridgetown Road
Cincinnati, Ohio 45248
(513) 574-2372

In addition, many school age children who do not attend HCDDS schools are supported by agency staff in partnership with public schools, via the satellite classrooms program and itinerant support team. The satellite classrooms are in Amity Elementary, Miamitown Elementary, Reading Hilltop Elementary, Deer Park Junior High, Rees E. Price Primary, Houston Elementary and Woodlawn Elementary.

Along with functional academics, special instruction is given in practical skills for living in the community and in the home, as well as training in vocational skills. Occupational and physical therapy, along with speech and language services, are available as specified in the IEP.

4. Community Services

Service Facilitation

A Service Facilitator is what HCDDS calls a case manager or service coordinator. The Service Facilitator is a staff person who helps a child with disabilities create a life plan with assistance from the child's family and other people in the child's life. Service Facilitators get to know families and help them identify dreams for the future. This is an on-going process, not just a one-time meeting.

Individuals who receive services paid for with waivers are required to work with a Service Facilitator. If an individual receives services that are not paid for with a waiver, parents may chose whether or not to work with a Service Facilitator.

My Plan

If a child has a waiver, he/she must have a My Plan. The My Plan outlines goals and dreams of the child and the child's family and is reviewed once a year. If a child does not have a waiver or a Service Facilitator, he/she does not have to have a My Plan.

Waivers

Waivers are funding sources for people with disabilities that "waive" the requirement to receive certain services in an institutional setting so that services can be provided in the community. Ohio has three types of waivers, but a client can only receive one.

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OVERVIEW OF HCDDS OPERATIONS

The three types of waivers are Level 1, I/O and SELF. HCDDS has a waiting list for all waivers. The family must talk to their Service Facilitator if they would like to be on a list.

More information about the different types of waivers can be found at the Ohio Department of Developmental Disabilities.

Providers

Providers are organizations contracted by HCDDS that provide services for people with disabilities. Services can include housing, personal care, supported employment, day programs, transportation, respite and more.

Service Facilitators and other agency staff can help with the process of finding and working with a provider. However, staff cannot choose a provider for the client. The client can use the provider search to find a provider. Information on how to interview a provider can be found on the Ohio Department of Developmental Disabilities website.

5. Transition and School Support

Transition Services

Transition Services are consultative to help plan and guide a child from childhood to adulthood after high school graduation.

At ages 14 to 16, the team will start discussing the future with the child and the child's family. Planning will continue until the student graduates. Planning ahead leads to a more secure future.

Many vocational and non-vocational options are available. The team assists the child in making decisions.

Itinerant Support

Itinerant supports are provided within a child's community school. A team of professionals from the agency will collaborate with the school to help support children with moderate to intense needs in the classroom.

Some services provided are therapy, behavior consultation, training, general classroom support, curriculum adaptations and more.

For a child to receive these services, a referral needs to be made, and both parents/guardians and the school need to give permission. A meeting will be scheduled and, if the child qualifies, services can begin.

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OVERVIEW OF HCDDS OPERATIONS

Services for Adults

1. Adult Programs and Centers

Adult centers for adults with the most significant disabilities offer three options: work all day, work part of the day and activities part of the day, or all day activities. Working all day allows an individual to earn a paycheck. Work may involve sorting, packing, bagging or light assembly, depending on what work is available from local companies. All work is supervised to help individuals earn as much as they can, learn new skills, do their job with accuracy and be sure they get paid for the work they do.

If an individual does not want to earn a paycheck, or does not want to work full time, activities are available in accordance to what the individual likes to do. Some examples are academics, art, cooking, computers, exercise, gardening, games, making friends and music.

Adult centers are located across the county and clients attend the one closest to them.

The adult centers are:

Elmer P. Beckman Adult Center
Chris Miller, Director
2600 Civic Center Drive
Cincinnati, Ohio 45231
Phone: (513) 742-1576

Robert W. Franks Adult Center
Charles Altenau, Director
5884 Bridgetown Road
Cincinnati, Ohio 45248
Phone: (513) 598-2965

E. Roger Jackson Adult Center
Jim Sunderhaus, Director
5093 Kingsley Drive
Cincinnati, Ohio 45227
Phone: (513) 272-4326

Thomas H. Kidd Adult Center
Melissa Morelli, Director
9910 Reading Road
Cincinnati, Ohio 45241
Phone: (513) 563-2500

The business arm of the adult centers is a non-profit entity called General Assembly (GA). Sales representatives work with companies to find work opportunities for clients in the centers.

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Agency-operated adult centers are not the only option for adults in Hamilton County. Adult day and evening programs in Hamilton County are also available.

2. Community Services

Service Facilitation

A Service Facilitator is what HCDDS calls a case manager or service coordinator. The Service Facilitator is a staff person who helps an individual with disabilities create a life plan with assistance from the family and other people in his/her life. Service Facilitators get to know individuals and families and help them identify dreams for the future. This is an on-going process, not just a one-time meeting.

Individuals who receive services paid for with waivers are required to work with a Service Facilitator. If an individual receives services that are not paid for with a waiver, the individual may choose whether or not to work with a Service Facilitator.

It is important that families and individuals understand the options that are available to them and seek the support of the Service Facilitator who can connect them to funding sources.

My Plan

An array of services can be designed to support the individualized needs of each person served. The process begins with a My Plan which is developed by a team chosen by the individual or family and coordinated by the Service Facilitator. The My Plan outlines goals and dreams of the client and is reviewed once a year.

Waivers

Waivers are funding sources for people with disabilities that "waive" the requirement to receive certain services in an institutional setting so that services can be provided in the community. Ohio has three types of waivers, but a client can only receive one. The three types of waivers are Level 1, I/O and SELF. HCDDS has a waiting list for all waivers. The client must talk to his/her Service Facilitator if he/she would like to be on a waiting list.

Quality Improvement

The Quality Improvement department exists to make sure that provider agencies are following Ohio Department of Developmental Disabilities rules. They also collect information about satisfaction of services from families, providers and individuals.

Providers

Providers are organizations contracted by HCDDS that provide services for people with disabilities. Services can include housing, personal care, supported employment, day programs, transportation, respite and more.

Service Facilitators and other agency staff can help with the process of finding and working with a provider. However, staff cannot choose a provider for the client. The client can use the provider search to find a provider. Information on how to interview a provider can be found on the Ohio Department of Developmental Disabilities website.

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Family Support Services Program

The Family Support Services Program (FSSP) assists families who are caring for a family member with disabilities. It promotes family unity by enabling people with disabilities to remain at home rather than moving into group homes or institutions.

To receive Family Support Services, the individual must be eligible for services from HCDDS and meet income guidelines. Currently, each family can receive up to \$500 a year for the items listed below and \$250 more is available for each additional family member with a disability.

- Covered services:
 - Respite care
 - Adaptive equipment
 - Counseling/training
 - Home modifications
 - Special diets
 - Other approved requests

Once enrolled, the client is encouraged to attend an orientation to learn more about the program, what is covered, and how to obtain needed services or items.

Family Support Services are provided via the Southwestern Ohio Council of Governments (SWOCOG).

For an agency chronology, see Appendix B.

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HISTORICAL RESULTS

HISTORICAL RESULTS

As part of our procedures, Decosimo analyzed the actual activity from the period of January 1, 2010 through December 31, 2012. The actual activity for the period of January 1, 2013 through October 31, 2013, was analyzed and the two months of November 2013 and December of 2013 were calculated based on annualized activity. The 2014 activity represents the budgeted activity provided to and approved by the Hamilton County Auditor. The 2014 budget assumptions were provided by HCDDS personnel. All other data, including the “Levy Plan” information was provided by HCDDS personnel.

The data analysis of the past four years and the upcoming 2014 budget is identified in Exhibits 1-4.

Highlights include the following:

1. The actual beginning fund balance as of January 1, 2010, for current levy period, was \$28,651,202, which was \$14,326,992 higher than the Levy Plan expected.
2. The 2010 and 2011 Actual and Levy Plan activity indicates:
 - Actual revenues outpaced expected Levy Plan revenues by approximately \$1 million for each year.
 - Actual expenditures over the two year period were less than the expected Levy Plan by approximately \$2 million.
 - The combination of the actual revenues and actual expenditures results was an increase in actual fund balance over the two years by approximately \$5.7 million.
 - The Levy Plan indicated expectations for an increase in fund balance for 2010 and 2011 to approximate \$1.4 million. Actual results outpaced the Levy Plan and increased fund balance by approximately \$4.3 million over this two year period.
 - These results allowed actual fund balance to increase to the levy period high of \$34,350,957.
 - The two-year period increase in actual fund balance of \$4.3 million, combined with the beginning balance (a higher than expected balance of \$14,324,210) to outpace Levy Plan fund balance expectations by approximately \$18.6 million.
3. The 2012 Actual and 2013 Actual annualized activity indicates:
 - Declining actual revenues for 2012 and 2013.
 - When compared to the Levy Plan, actual revenues declined approximately \$3.6 million.
 - Actual revenues peaked in 2011 at \$109.6 million. The actual revenues from periods 2012 and 2013 are approximately \$104.7 million and \$106.6 million, respectively, which are \$4.9 million and \$3 million less, respectively, than the peak revenue period.
 - An equity transfer from the Risk Fund of \$400,000 is expected to occur before year-end and will be used to stabilize decreasing revenues. However, this amount is not to be construed with operating revenue and will be a “one-time” only transaction.

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- Expenditures continued to climb during 2012 and 2013.
 - When compared to the Levy Plan, actual expenditures increased approximately \$6.7 million.
 - Actual expenditures were at their lowest point in 2011 (\$106,057,602). Actual expenditures are expected, on an annualized basis, to be \$116,346,461 for 2013.
 - The combination of declining revenues and climbing expenditures during 2012 and 2013 decreased actual fund balance from a high in 2011 of \$34.3 million to an expected ending balance as of December 31, 2013, of \$18.0 million.
 - The Actual fund balance is still outpacing the Levy Plan fund balance during 2013 by approximately \$8.6 million.
4. The 2014 budget activity indicates:
- Actual fund balance will decline by approximately \$3.4 million.
 - Actual fund balance will be approximately \$14.6 million as of December 31, 2014.
 - The Actual fund balance will still be outpacing the Levy Plan fund balance by \$11.9 million.
5. The general mix of revenues has remained consistent:
- Federal, state and local dollars equate to approximately 90% of program revenues.
 - Local (property tax revenues) represent the most significant portion of the revenue mix, ranging between 68% to 72% of the program revenues.
6. Expenditure highlights include:
- Contractual services increased as a percentage of total expenses.
 - Capital outlay was reduced with no additional large plans.
 - Salaries and contractual services amounted to 85% of total expenses.
7. Although the actual fund balance has outpaced the expected Levy Plan fund balance and the related results, much of the additional balance was derived from the opening period (2010 balance) as highlighted above.
8. The Budgeted fund balance at December 31, 2014, is \$14,647,700, which equates to approximately 50 days (1.67 months) of operating expenses.
- With consistent stagnant revenue streams since 2012 and increasing operating expenses, it would appear that maintaining at or near 45 days (1.5 months) of operating expenses on-hand would be reasonable under these circumstances.

Additional analysis and highlights are provided with the following exhibits.

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HISTORICAL RESULTS

Exhibit 1: Historical Analysis - Plan to Actual

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013 (Actual/ Annualized)	Year 5 2014 (Budgeted)
Levy Plan					
Fund Balance, January 1	\$ 14,324,210	\$ 15,418,985	\$ 15,741,588	\$ 13,757,749	\$ 9,419,033
Revenues -					
Tax Levy	78,995,953	78,344,485	77,601,320	76,988,635	76,337,553
Other	<u>28,731,352</u>	<u>30,218,272</u>	<u>30,218,272</u>	<u>30,218,272</u>	<u>30,218,272</u>
Total Revenues	107,727,305	108,562,757	107,819,592	107,206,907	106,555,825
Expenditures	<u>106,632,530</u>	<u>108,240,154</u>	<u>109,803,431</u>	<u>111,545,623</u>	<u>113,312,790</u>
Fund Balance, December 31	\$ <u>15,418,985</u>	\$ <u>15,741,588</u>	\$ <u>13,757,749</u>	\$ <u>9,419,033</u>	\$ <u>2,662,068</u>
Actual/Budget					
Fund Balance, January 1	\$ 28,651,202	\$ 30,762,934	\$ 34,350,957	\$ 27,383,763	\$ 18,089,255
Revenues					
Property Tax	78,561,970	77,736,060	74,336,270	71,808,057	72,051,628
State	5,845,426	4,597,423	4,491,101	8,911,107	7,062,597
Federal	13,946,768	15,878,436	15,135,419	16,341,131	12,524,999
Department of Education	3,179,220	2,859,346	2,428,228	2,304,073	2,459,845
Miscellaneous Revenues	<u>7,441,539</u>	<u>8,574,360</u>	<u>8,369,020</u>	<u>7,287,585</u>	<u>7,445,233</u>
Total Revenues	<u>108,974,923</u>	<u>109,645,625</u>	<u>104,760,038</u>	<u>106,651,953</u>	<u>101,544,302</u>
Expenditures					
Salaries and Benefits	39,677,294	40,897,238	40,652,547	37,700,331	38,227,245
Contractual Services	48,560,310	47,004,538	52,883,114	58,945,683	51,215,446
Transportation	10,835,169	10,665,247	10,982,931	10,960,062	9,535,520
Capital Outlay	2,497,475	1,926,577	2,481,049	2,031,975	591,499
Other	<u>5,292,943</u>	<u>5,564,002</u>	<u>4,727,591</u>	<u>6,708,410</u>	<u>5,416,147</u>
Total Expenditures	<u>106,863,191</u>	<u>106,057,602</u>	<u>111,727,232</u>	<u>116,346,461</u>	<u>104,985,857</u>
Net Change in Fund Balance	2,111,732	3,588,023	(6,967,194)	(9,694,508)	(3,441,555)
Equity Transfer from Risk Fund	-	-	-	400,000	-
Fund Balance, December 31	\$ <u>30,762,934</u>	\$ <u>34,350,957</u>	\$ <u>27,383,763</u>	\$ <u>18,089,255</u>	\$ <u>14,647,700</u>
Plan to Actual					
Fund Balance, January 1	\$ 14,326,992	\$ 15,343,949	\$ 18,609,369	\$ 13,626,014	\$ 8,670,222
Revenues	1,247,618	1,082,868	(3,059,554)	(554,954)	(5,011,523)
Expenditures	(230,661)	2,182,552	(1,923,801)	(4,800,838)	8,326,933
Equity Transfer	-	-	-	400,000	-
Fund Balance, December 31	\$ <u>15,343,949</u>	\$ <u>18,609,369</u>	\$ <u>13,626,014</u>	\$ <u>8,670,222</u>	\$ <u>11,985,632</u>
Ratio of Ending Fund Balance to Total Expenditures	28.79 %	32.39 %	24.51 %	15.55 %	13.95 %
Months of Expenditures on Hand at Year End	3.45	3.89	2.94	1.87	1.67

Source: HCDDS

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HCDDS Basic Historical Financial Picture

Actual Revenues Analysis

As noted in Exhibit 2 below, property tax revenues as a percentage of the total have remained relatively consistent throughout the current levy period, excluding 2013. Federal revenue makes up approximately 13-15% of total revenue. The majority of the federal revenue is reimbursement from Medicaid for expenses incurred to individuals who are covered under the Medicaid program. Accounting for approximately 7% of total revenues are the miscellaneous revenues which are comprised almost entirely of "other reimbursements." These reimbursements are payments received from school districts and intensive care facilities for developmental disabilities services. The final 10% of total revenue is from grants monies received from the Department of Education and the State of Ohio.

Exhibit 2: Actual Revenues - % of Total Revenues Analysis

	Year 1 2010	% of Total	Year 2 2011	% of Total	Year 3 2012	% of Total	Year 4 2013 (Actual/ Annualized)	% of Total	Year 5 2014 (Budgeted)	% of Total
Property Tax	\$ 78,561,970	72 %	\$ 77,736,060	71 %	\$ 74,336,270	72 %	\$ 71,808,057	68 %	\$ 72,051,628	72 %
State	5,845,426	5 %	4,597,423	4 %	4,491,101	4 %	8,911,107	8 %	7,062,597	7 %
Federal	13,946,768	13 %	15,878,436	14 %	15,135,419	14 %	16,341,131	15 %	12,524,999	12 %
Department of Education	3,179,220	3 %	2,859,346	3 %	2,428,228	2 %	2,304,073	2 %	2,459,845	2 %
Miscellaneous	<u>7,441,539</u>	<u>7 %</u>	<u>8,574,360</u>	<u>8 %</u>	<u>8,369,020</u>	<u>8 %</u>	<u>7,287,585</u>	<u>7 %</u>	<u>7,445,233</u>	<u>7 %</u>
Total Revenues	<u>\$ 108,974,923</u>	<u>100 %</u>	<u>\$ 109,645,625</u>	<u>100 %</u>	<u>\$ 104,760,038</u>	<u>100 %</u>	<u>\$ 106,651,953</u>	<u>100 %</u>	<u>\$ 101,544,302</u>	<u>100 %</u>

Source: HCDDS

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Actual Expenditures Analysis

Categories of expenditures as a percentage of the total have remained relatively consistent throughout the current levy period (exhibit 3). During the current levy period, approximately 32-39% of total expenses have been to salaries and benefits of Developmental Disabilities employees. This includes wages, insurance, pension and any sort of special type pay. Approximately 44-51% of total expenditures are for contractual services which are the expenses that they incur to have services provided to the community. Approximately 10% of total expenditures are for transportation costs incurred in transporting developmentally disabled citizens. The remaining 6-10% of total expenditures are for building improvements, purchases of large equipment, utilities, supplies, tax settlement fees and other small administrative costs.

Exhibit 3: Actual Expenditures - % of Total Expenditures Analysis

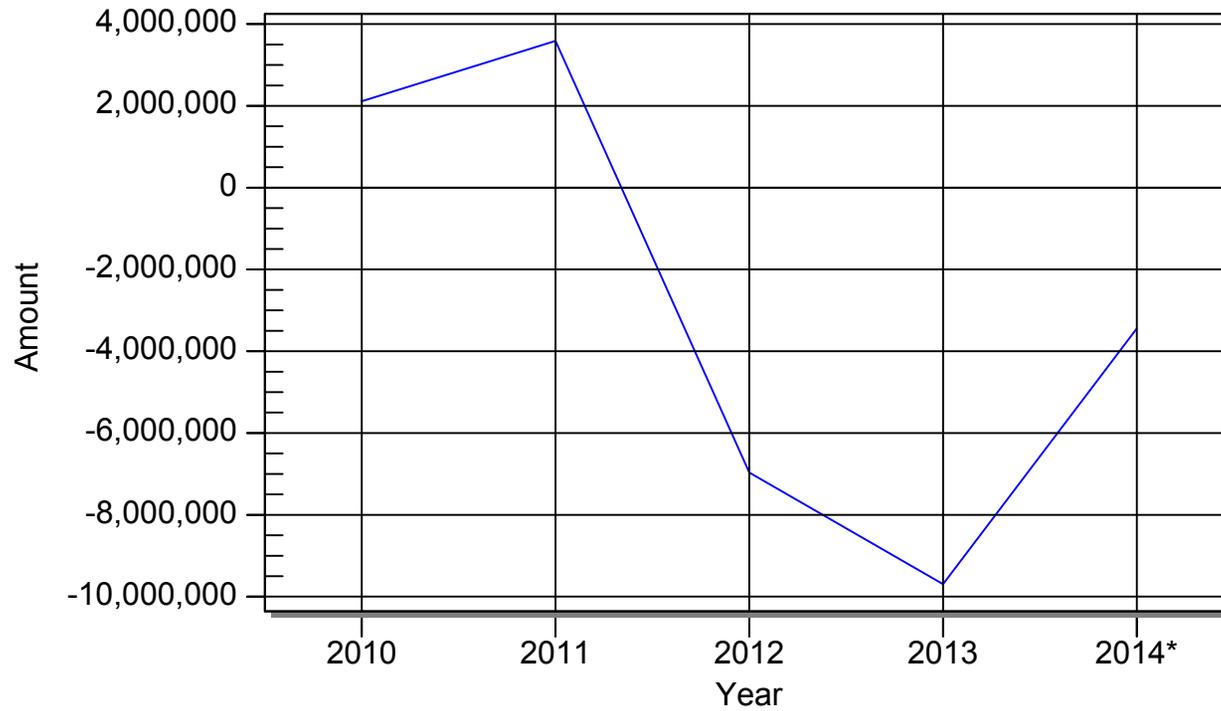
	Year 1 2010		Year 2 2011		Year 3 2012		Year 4 2013 (Actual/ Annualized)		Year 5 2014 (Budgeted)	
		% of Total		% of Total		% of Total		% of Total		% of Total
Salaries and Benefits	\$ 39,677,294	38 %	\$ 40,897,238	39 %	\$ 40,652,547	37 %	\$ 37,700,331	32 %	\$ 38,227,245	36 %
Contractual Services	48,560,310	45 %	47,004,538	44 %	52,883,114	47 %	58,945,683	51 %	51,215,446	49 %
Transportation	10,835,169	10 %	10,665,247	10 %	10,982,931	10 %	10,960,062	9 %	9,535,520	9 %
Capital Outlay	2,497,475	2 %	1,926,577	2 %	2,481,049	2 %	2,031,975	2 %	591,499	1 %
Other	<u>5,292,943</u>	<u>5 %</u>	<u>5,564,002</u>	<u>5 %</u>	<u>4,727,591</u>	<u>4 %</u>	<u>6,708,410</u>	<u>6 %</u>	<u>5,416,147</u>	<u>5 %</u>
Total Expenditures	<u>\$ 106,863,191</u>	<u>100 %</u>	<u>\$ 106,057,602</u>	<u>100 %</u>	<u>\$ 111,727,232</u>	<u>100 %</u>	<u>\$ 116,346,461</u>	<u>100 %</u>	<u>\$ 104,985,857</u>	<u>100 %</u>

Source: HCDDS

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Exhibit 4: Change in Fund Balance

5 Year Trend



Source: HCDDS

*Based on 2014 budget filed with Hamilton County

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HISTORICAL RESULTS

2014 BUDGET - SUMMARY DISCUSSION AND NARRATIVE AS PROVIDED BY HCDDS PERSONNEL

The following summary of budgetary information was prepared by the Director of Business Services:

LEVY PLAN

The levy plan is based on the TATC report (from the 2009 levy audit process) with the \$388 million levy income over the 5 year cycle. The tax levy projections are those received from the county auditor's office based on the HCDDS levy amount of 4.13 Mills. Changes to the levy plan are made as a result of changes in other funding sources, primarily state and federal funding.

The levy plan, as submitted for the 2014 budget, reflects major reductions in revenue and expenditures. HCDDS is projecting a carryover into the next levy period. This will enable HCDDS to maintain services at the current levels without further reductions. It will also enable HCDDS to complete some capital building projects on a limited basis.

EXPENDITURES

The expenditure total is below the levy plan and is reflective of substantial reductions across the board for HCDDS. Providers are now billing the state directly for Medicaid services provided versus HCDDS doing the billing. All providers were also moved to Medicaid rates beginning in January 2013.

HCDDS has not budgeted for any capital expenditures in 2014. There are three projects currently going on that may carry over into 2014. They are:

- Roof at Fairfax School
- Jackson sprinkler system
- HVAC units at Kidd Center

Salaries - are based on current salary levels without a cost-to-live or step increase. A 3% vacancy rate is included in the budget. This is the amount that is historically saved when a person leaves HCDDS and the replacement staff is not hired immediately and/or is hired at a lesser rate than his/her predecessor.

HCDDS has added 10 Direct Support Services (DSS) positions in the 2014 budget but have offset the cost by reducing the substitute cost and savings from staff turnover. By adding these positions, HCDDS is providing for a more consistent service level to the individuals served. Although HCDDS added these positions, the total growth in overall positions within the agency is four (4). HCDDS had reductions in administrative and children's departments that help offset the growth. In 2013, HCDDS budgeted for 609 full/part time positions, and, in 2014, HCDDS has budgeted for 603.

It should be noted that even with the growth in positions and the 3% cost-to-live adjustment given in 2013, HCDDS is still projecting salaries to be below the 2013 budgeted salary level by \$4,250,000. This is due to turnover in positions where the new staff is being hired at a lower salary.

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Temporary Employee Compensation - reduction is due to previously mentioned hiring of DSS staff, enabling HCDDS to reduce the need for substitute staff.

Vacation/Sick pay - are increased due to a projected increase in the number of retirees in 2014. This is due in part to the recent changes in the PERS/STRS retirement systems. HCDDS is currently projecting that there could be a total of 25 retirees next year. Of this total, 14 are in the Children Services Department.

STRS - decreased due to the number of staff in this system and the lower salaries being paid to new staff as retirements occur.

Fringe Benefits - are computed automatically at the county level once final decisions made by the projected salaries and benefits are determined. These may be subject to change based on the county commissioners.

Fringe benefits include the following:

- Medical
- Dental
- Life Insurance
- Employee Assistance Program

Medical - decreased based on the current projected cost for coverage by the county. It is anticipated that this amount could increase by year end based on changes to the coverage being provided. The county has eliminated one of the plans that was offered in 2013, which will result in employees electing alternate coverages.

Line items for supplies, repairs, insurance coverage and utilities are all based on current projected levels of spending and have not changed significantly in any area except as noted below:

Bus Rental - of the total amount budgeted (\$9,535,520), the contract with National Express (formerly Petermann) accounts for \$7,162,000 or 75% of the total. The balance is paid as part of contractual agreements (ex. Goodwill, Easter Seals-Tri-State), individual transportation options, parent reimbursements, access tickets and tokens, and other transportation providers.

The total transportation cost is projected to be \$1.4 million less in 2014. HCDDS has reduced the number of buses at the schools due to several school districts, including Cincinnati Public, who is now providing transportation to their students. A concerted effort to contain transportation costs outside of the National Express contract was put forth in 2012 and has resulted in substantial savings in this area.

Printing and Publishing - due to most of the HCDDS publications now being provided through electronic media, HCDDS has been able to reduce the cost in this area.

Rent of Offices - HCDDS currently leases office space at only one location compared to the number in past years when HCDDS had several regional offices for both the Service Facilitation team and EI program sites. The increase reflects the lease for the offices at Queensgate.

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Tax Settlement Fees (auditor and treasurer fees) - is based on charges associated with collecting the property tax levy.

Miscellaneous Contracts - the total has been increased due to the waiver match required based on service plans as of June 30, 2013.

Overall expenditure budget comprises contracts of 58.4% and salary/benefits of 36.6%. These two areas make up 95% of the total budget.

REVENUE

The revenue projections are below the amount in the levy plan (\$5 million) and reflect an increase from the 2013 budgeted revenue. This is due primarily to new projections from the state with regards to Targeted Case Management (TCM) Revenues (\$2.8 million) and the projected Cost Report Settlement for 2009 (\$1.7 million) to be paid in 2014.

Note that the Revenue and Expenses for TCM may both be reduced effective January 1, 2014. Currently, HCDDS sends the match amount required to draw down the federal funds in advance. When HCDDS receives payment, both the HCDDS match amount and the federal amount is included.

It is anticipated that effective January 1, 2014, HCDDS will no longer have to send the match amount to the state. However, at the time of the drafting of this report, an official action step has not occurred and, therefore, the 2014 budget has been prepared using the current practice.

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ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY

ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY

Decosimo was required to analyze and provide support for HCDDS compliance with the current Hamilton County contract (May 19, 2010). Management has acted in compliance with Hamilton County and nothing came to our attention to indicate they were not in compliance. The Director of Business Services provided the information and is included in Appendix J.

Highlights include:

The elimination of the tangible personal property tax decreased/decreases revenue during the 2010-2014 levy cycle.

- To counteract the decrease in revenues, HCDDS implemented major cost-cutting measures, which included:
 - Changed provider contract amounts to Medicaid reimbursement rates.
 - Suspended cost-to-live and step increases since 2009.
 - ◊ A cost-to-live was given mid-year in 2013 to follow the direction of the county commissioners in their departments.
 - Eliminated 18 open positions by attrition and early retirement.
 - Reduced number of busses at schools, changed other transportation options.
 - Moved Service Facilitation from regional offices into Holiday Office Park in Queensgate.

HCDDS has continued to pursue Federal Medicaid Waivers.

- The number of waivers administered by the agency has continued to increase over the levy cycle.
- The majority of waivers being added are emergencies.
- The agency has aggressively sought waivers to refinance people who were receiving services funded fully by local/levy funds.
 - By moving these individuals onto waivers, the agency saves 60% on their services.
- During the levy cycle, revenues have declined and needs have continued to increase.

Waiting list for waivers has increased throughout this time period.

- During the levy cycle, revenues have declined and needs have continued to increase, increasing the waiver list.
- During the past several years, the agency has only given I/O waivers to people who meet emergency criteria.
- Level 1 waivers have been used only for emergencies and for refinancing of locally funded adult services.
- No additional funding is available to pay the match on new waivers.

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ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY

HCDDS has been working on collecting more data on the people who are on the waiting list as a form of needs assessment.

- Most people on the list are waiting for a waiver to fund residential services.
- It is important to note that many people on the waiting list are getting locally funded services and some are on a different waiver.
 - For example, many are on the waiver waiting list because they have requested an I/O waiver but the person does have a Level 1 waiver that provides some level of service for the person.
 - For example, on the current waiting list:
 - ◊ 669 have a Level 1 waiver but have requested an I/O or SELF waiver,
 - ◊ 338 are receiving locally funded services, and
 - ◊ 1716 are not on any waiver and do not receive locally funded services.

HCDDS successfully increased its cost sharing with the public school system by increasing fees from 25% of the cost to 50% of the cost, plus 100% of transportation costs.

HCDDS will budget for anticipated continued enrollment growth in adult services, within available resources.

- Due to the limited funding available for Adult Day Array (ADA) and Non-Medical Transportation (NMT) services, procedures for day array were developed.
- There are limitations on local dollars allocations.
 - To ensure that HCDDS does not exceed the projected budget for each year, the agency must limit the number of people who are authorized for locally funded ADA and NMT services.
 - The agency tracks these authorizations by assigning a slot number to each person who is authorized to receive locally funded ADA and NMT services.
- For 2013, there was no new funding available for locally funded ADA/NMT.
- A waiting list has been established to identify those who have requested the service and are waiting for available funding.

HCDDS improved technology support by:

- All production systems were moved to an access-controlled, secure facility with backup power generator in 2010.
(Completed)
- The feasibility of creating a fully redundant server system for production servers was investigated and was proven to be too expensive to implement.
(Not completed)
 - However, IT has planned to implement a secondary site for the most critical data and applications. This partial redundant site is planned for the first half of 2014.

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- The ISIS system has been completely replaced with the Gatekeeper application, which we have been operating on successfully since late 2009.
(Completed)

- A feasibility and interest study was conducted by the Executive Director of another Council of Government.
(In progress)
 - The study was completed in the summer of 2013.
 - The study revealed several service areas that can potentially be shared by the Southwestern Ohio Council of Government (SWOCOG) and included the associated priorities.

Based on all information analyzed, HCDDS appears to be in compliance with the current agreement entered into on May 19, 2010, by and between the Board of County Commissioners of Hamilton County. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review.

(See Task #8 and Appendix J for a detailed summary of results and discussion as provided by HCDDS personnel.)

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ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART

ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART

The attached organization chart represents ten direct reports to the Superintendent. Interviews with HCDDS management indicate a clear designation of operating responsibilities and the organization chart supports this indication. The department level structure is consistent with most public organizations, in which approximately half of the management staff is responsible for direct service delivery and the other half directs the support activities.

Our review of the functioning of the organizational structure indicates:

- It is a logical and coherent structure.
- Personnel clearly understand their roles and responsibilities.
- Coordinating mechanisms are in place that minimize the potential for silo operations and ineffective service delivery.

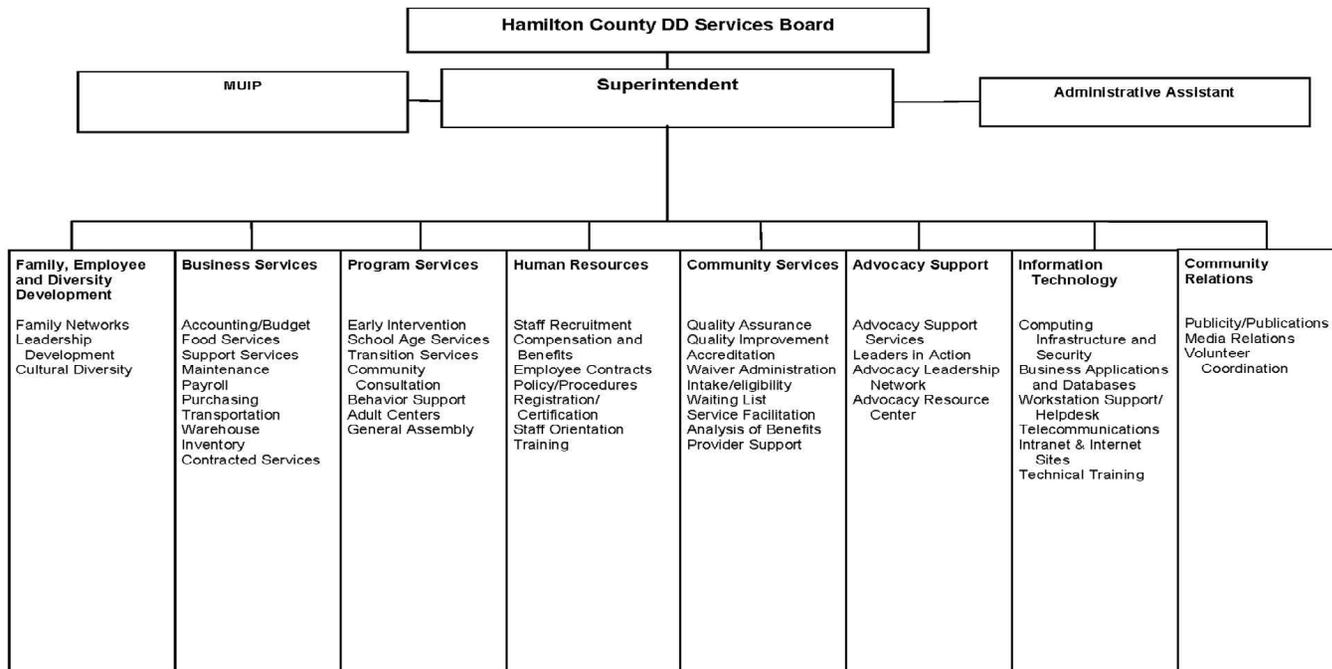
The principal means of formal coordination is a weekly executive staff meeting, at which formal minutes are maintained. Observations from attending one of these executive meetings indicate that the meetings serve as an excellent vehicle for the mutual discussion of all HCDDS operational issues, and as a means of coordinating both service and administrative work and maintaining current information on various activities. Interviews indicate that the principal HCDDS managers hold similar coordinating meetings with their staff.

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ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART

HAMILTON COUNTY DEVELOPMENTAL DISABILITIES SERVICES



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OPERATIONS ANALYSIS

OPERATIONS ANALYSIS - NARRATIVE

As part of our procedures, Decosimo analyzed operating activity, including client services performed by program and client population, average costs per client services performed by category of services and by function, average cost per client by function, and average salaries and benefits for full-time equivalents (FTEs), per client services performed and per client population, for the period from January 1, 2010 through December 31, 2012. The actual activity for the period from January 1, 2013 through October 31, 2013, was analyzed and the two months ended November 2013 and December 2013 were calculated based on annualized activity. The 2014 activity represents the expected client population and related client services to be served. All data and information was provided by HCDDS staff.

HCDDS tracks operations both by client population (number of clients in the system) and client services performed (i.e. clients may receive more than one service).

The data analysis of the past four years and the upcoming 2014 budget is identified in Exhibits 5-8.

Highlights include the following:

Children's Services Performed

- Client services performed within Children's Services appear to have peaked in 2012 (4,225 services performed).
- Due to program inefficiencies, the Evaluation, Planning and Assessment Team (EPAT) was phased out in 2012.
 - EPAT had been operating with contracted staff and funding.
- On average, over the past five years, HCDDS has provided 185 services at the agency operated schools, including a high of 202 in 2013 and a low of 165 in 2012.
- Early Intervention historically has represented approximately 40% of the services provided to children.
 - With the dropping of the EPAT program, that percentage has increased to over 50%.
 - Early Intervention services performed peaked in 2011 and 2012 (1,701 and 1,798, respectively) but is expected to decline in 2013 and 2014 (1,496).
- From 2010 through 2012, the average cost per service performed for Children's Services was approximately \$4,800.
 - This average has increased to approximately \$7,200 for the years 2013 and 2014; this is due to the aforementioned phasing out of the EPAT service.

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Adult Services Performed

- Over the five year levy period, services performed in Adult Centers have ranged from a high of 726 in 2010 to a low of 637 expected in 2014.
 - Services performed in the Adult Centers have declined every year since 2010.
- The average number of adult services performed per year has been 686.
- Community employment service have not been reported during the levy period up until 2014.
 - The change in this reporting is a result of the 2014-2019 strategic plan and its focus on integration within the community.
- The average cost per adult services performed was approximately \$52,000 during the years 2010 and 2011.
 - Those same costs increased approximately 120% starting in 2012 and have averaged approximately \$60,000 for the years 2012 through 2014.

Community Services and Residential Services Performed

- Community Services has seen consistent growth in services performed throughout the entire levy period.
- Service Facilitation is the main driver for the increasing growth of Community Services.
- The average cost per services performed has remained between \$3,275 and \$3,707 during the current levy period.
- The average cost peaked in 2013 (\$3,707) and is budgeted to decrease 12% in 2014.

Administrative Expenses

- Administrative Expenses, as a percentage of total expenses, have averaged approximately 7.5% during the current levy period, with a high of 9.3% in 2011 and a low of 5.7% budgeted in 2014.
- FTEs considered as part of the administrative function are approximately 64 (high of 64 - low of 61).
 - Administrative employees represent approximately 10% of the HCDDS workforce.

Average Cost per Client Services by Function

- Average cost per client services by function is a breakdown of the five main expense categories of HCDDS. Those five expense categories are:
 - Salaries and Benefits,
 - Contractual Services,
 - Transportation,
 - Capital Outlay, and
 - Utilities/Supplies/Other.
- The primary or core expenses associated with each service are salaries and benefits, contractual services and transportation.
- Over the five year levy period, the average of these core expenses per client services performed have ranged between \$5,900 and \$6,800.
- The average of core expenses for each client service performed peaked in 2013 and is budgeted to decrease in 2014 by approximately 12%.

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FTEs

- Total FTEs peaked in 2011 at 619 and is budgeted to decrease down to 603 in 2014.
- Average salaries and benefits per FTE peaked in 2011 and 2012 at approximately \$66,000 and decreased approximately 5% to \$62,625 in 2013.
- Total FTEs and the related average of salaries and benefits per client services performed have steadily decreased from a high of \$2,569 in 2010 to a budgeted/expected amount of \$2,306 in 2014.

Analysis of Client Population and Related Client Population Calculations

- The client population has continued to climb during the levy period.
- Increases in client population were noted in all individual categories and in total:
 - The children population has increased from 3,069 in 2010 to an expected population of 5,171 in 2014.
 - The adult population has increased from 3,253 in 2010 to an expected population of 4,380 in 2014.
- The average cost by client population has declined every year during the levy period.
 - In 2010, the average cost by client population was \$16,903 with a core expense average of \$15,671.
 - In 2014, the budgeted average cost by client population is \$10,991 with a core expense average of \$10,362.
- The decrease in the average cost by client population is the result of a combination of an increase in population being served and a varying degree of budget and cost reductions.
- It is anticipated that the client population, based on all trend information available, will continue to increase in the future.

Additional analysis and highlights are provided with the following exhibits.

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Exhibit 5: Client Service Performed by Service Program and Client Population by Category

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013 (Actual/ Annualized)	Year 5 2014 (Budgeted)
SERVICES PERFORMED					
Children's Services					
Early Intervention	1,421	1,701	1,798	1,496	1,496
EPAT	999	1,064	1,030	-	-
Agency Operated Schools	183	177	165	202	202
Satellite Classrooms	53	48	50	-	-
Itinerant Support Team	22	17	21	18	18
Transition Team	791	868	700	642	642
Contracts	<u>322</u>	<u>350</u>	<u>317</u>	<u>318</u>	<u>331</u>
Total Children's Services	<u>3,791</u>	<u>4,225</u>	<u>4,081</u>	<u>2,676</u>	<u>2,689</u>
Adult Services					
Adult Centers	726	711	701	657	637
Community Employment	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>400</u>
Total Adult Services	<u>726</u>	<u>711</u>	<u>701</u>	<u>657</u>	<u>1,037</u>
Community Services					
Service Facilitation	4,803	5,395	5,627	5,856	6,617
Supported Living	145	151	115	66	66
Family Support Services Program	997	1,140	705	1,155	1,023
Waivers	2,747	2,632	2,852	2,769	2,859
Contracted Day Service	2,128	2,225	2,583	2,616	2,616
ICF/MR	<u>106</u>	<u>106</u>	<u>126</u>	<u>98</u>	<u>68</u>
Total Community Services	<u>10,926</u>	<u>11,649</u>	<u>12,008</u>	<u>12,560</u>	<u>13,249</u>
Total Client Services Performed	<u>15,443</u>	<u>16,585</u>	<u>16,790</u>	<u>15,893</u>	<u>16,975</u>
Total Clients Services Performed without Community Employment	<u>15,443</u>	<u>16,585</u>	<u>16,790</u>	<u>15,893</u>	<u>16,575</u>
CLIENT POPULATION BY CATEGORY					
Children					
Children 0-2	847	912	734	1,198	1,270
Children 3-5	261	208	661	824	874
Children 6-21	<u>1,961</u>	<u>1,949</u>	<u>2,439</u>	<u>2,856</u>	<u>3,027</u>
Total children	<u>3,069</u>	<u>3,069</u>	<u>3,834</u>	<u>4,878</u>	<u>5,171</u>
Adults	<u>3,253</u>	<u>3,345</u>	<u>3,430</u>	<u>3,895</u>	<u>4,380</u>
Total client population	<u>6,322</u>	<u>6,414</u>	<u>7,264</u>	<u>8,773</u>	<u>9,551</u>

Source: HCDDS Annual Plans

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Exhibit 6: Average Cost Per Client Services Performed by Category of Service

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013 (Actual/ Annualized)	Year 5 2014 (Budgeted)
Expenditures by Category of Service					
Children's Services	\$ 19,716,163	\$ 20,131,459	\$ 17,999,812	\$ 19,750,525	\$ 18,779,805
Adult Services	38,605,652	36,235,885	42,137,754	41,581,392	36,815,415
Community Services and Residential	39,522,212	39,809,852	43,608,799	46,557,178	43,388,964
Administrative	<u>9,019,164</u>	<u>9,880,406</u>	<u>7,980,867</u>	<u>8,457,366</u>	<u>6,001,673</u>
Total Expenditures	<u>\$ 106,863,191</u>	<u>\$ 106,057,602</u>	<u>\$ 111,727,232</u>	<u>\$ 116,346,461</u>	<u>\$ 104,985,857</u>
Client Services Performed by Category of Service					
Children's Services	3,791	4,225	4,081	2,676	2,689
Adult Services	726	711	701	657	637
Community Services and Residential	<u>10,926</u>	<u>11,649</u>	<u>12,008</u>	<u>12,560</u>	<u>13,249</u>
Total Client Services Performed	<u>15,443</u>	<u>16,585</u>	<u>16,790</u>	<u>15,893</u>	<u>16,575</u>
Average Cost Per Services Performed by Category of Service					
Children's Services	\$ 5,201	\$ 4,765	\$ 4,411	\$ 7,381	\$ 6,984
Adult Services	\$ 53,176	\$ 50,965	\$ 60,111	\$ 63,290	\$ 57,795
Community Services and Residential	\$ 3,617	\$ 3,417	\$ 3,632	\$ 3,707	\$ 3,275

Source: HCDDS Annual Plan

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Exhibit 7: Average Cost per Client Services Performed and by Client Population

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013 (Actual/ Annualized)	Year 5 2014 (Budgeted)
BY SERVICES PERFORMED					
Salaries and Benefits	\$ 2,569	\$ 2,466	\$ 2,421	\$ 2,372	\$ 2,306
Contractual Services	3,144	2,834	3,150	3,709	3,090
Transportation	<u>702</u>	<u>643</u>	<u>654</u>	<u>690</u>	<u>575</u>
Subtotal: Cost Per Client Services Performed of Core Function Expenses	6,415	5,943	6,225	6,771	5,971
Capital Outlay	162	116	148	128	36
Utilities, Supplies and Other	<u>343</u>	<u>335</u>	<u>282</u>	<u>422</u>	<u>327</u>
Average Total Cost Per Client Services Performed by Function	<u>\$ 6,920</u>	<u>\$ 6,394</u>	<u>\$ 6,655</u>	<u>\$ 7,321</u>	<u>\$ 6,334</u>
BY CLIENT POPULATION					
Salaries and Benefits	\$ 6,276	\$ 6,376	\$ 5,596	\$ 4,297	\$ 4,002
Contractual Services	7,681	7,328	7,280	6,719	5,362
Transportation	<u>1,714</u>	<u>1,663</u>	<u>1,512</u>	<u>1,249</u>	<u>998</u>
Subtotal: Cost Per Client of Core Function Expenses	15,671	15,367	14,388	12,265	10,362
Capital Outlay	395	300	342	232	62
Utilities, Supplies and Other	<u>837</u>	<u>867</u>	<u>651</u>	<u>765</u>	<u>567</u>
Average Total Cost Per Client by Function	<u>\$ 16,903</u>	<u>\$ 16,534</u>	<u>\$ 15,381</u>	<u>\$ 13,262</u>	<u>\$ 10,991</u>

Source: HCDDS

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Exhibit 8: Average Salaries and Benefits per FTE, per Client Services Performed and per Client Population

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013 (Actual/ Annualized)	Year 5 2014 (Budgeted)
Salaries and Benefits					
Administrative Salaries	\$ <u>4,847,594</u>	\$ <u>5,212,879</u>	\$ <u>5,379,009</u>	\$ <u>5,085,837</u>	\$ <u>5,130,951</u>
Program Services Salaries -					
Adult Services	11,365,419	11,457,884	11,733,221	11,177,247	10,980,207
Children's Services	12,805,437	13,207,891	12,823,350	11,724,211	11,696,266
Community Resources	<u>10,658,844</u>	<u>11,018,584</u>	<u>10,716,967</u>	<u>9,713,036</u>	<u>10,419,821</u>
Total Program Services	<u>34,829,700</u>	<u>35,684,359</u>	<u>35,273,538</u>	<u>32,614,494</u>	<u>33,096,294</u>
Total Salaries and Benefits	\$ <u>39,677,294</u>	\$ <u>40,897,238</u>	\$ <u>40,652,547</u>	\$ <u>37,700,331</u>	\$ <u>38,227,245</u>
Full-Time Equivalents (FTEs)					
Administrative	<u>64</u>	<u>62</u>	<u>64</u>	<u>64</u>	<u>61</u>
Program services FTEs -					
Adult Services	209	209	206	208	214
Children's Services	200	198	193	180	175
Community Resources	<u>145</u>	<u>150</u>	<u>152</u>	<u>150</u>	<u>153</u>
Total Program Services	<u>554</u>	<u>557</u>	<u>551</u>	<u>538</u>	<u>542</u>
Total FTEs	<u>618</u>	<u>619</u>	<u>615</u>	<u>602</u>	<u>603</u>
Average Salaries and Benefits per FTE	\$ <u>64,203</u>	\$ <u>66,070</u>	\$ <u>66,102</u>	\$ <u>62,625</u>	\$ <u>63,395</u>
Average Salaries and Benefits per Client Services Performed	\$ <u>2,569</u>	\$ <u>2,466</u>	\$ <u>2,421</u>	\$ <u>2,372</u>	\$ <u>2,306</u>
Average Salaries and Benefits per Client Population	\$ <u>6,276</u>	\$ <u>6,376</u>	\$ <u>5,596</u>	\$ <u>4,297</u>	\$ <u>4,002</u>

Source: HCDDS

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COMPARATIVE DATA AND ANALYSIS

COMPARATIVE DATA AND ANALYSIS

COMPARISON WITH OTHER OHIO DEVELOPMENTAL DISABILITIES BOARDS

Decosimo reviewed Ohio performance metrics for a peer group of nine county DDS Boards. The peer group included the following counties: Butler, Clermont, Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, Summit, and Warren. These metrics included measures of work volume (clients served), and financial position (program revenues and expenses). Raw data for the following county comparisons were developed from detailed annual reports provided by the State of Ohio Department of Developmental Disabilities. We have accepted this information as the most definitive available, accepting whatever adjustments or data smoothing occurred at the State level; this information has not been independently verified with the individual county boards. Where possible, comparisons are made using scaled metrics measuring relative effort (i.e. spending per capita or clients served per program staff member).

The peer group varies significantly in terms of relative county population. Decosimo presents two metrics in each comparison below. The first metric compares the large county peer group comprised of Cuyahoga, Hamilton and Franklin counties (Large Peers). The second metric compares all counties in the peer group (All Peers).

In making these comparative observations, it is important to note that developing detailed explanatory factors for cost variations are difficult. The reason for this difficulty is that HCDDS services are not based on industry standards of care as is usual in the healthcare industry or other public services. Instead, HCDDS services are based on either individual service plans or individual education plans. Through these plans, the services to be provided are based on individual needs and not an aggregated standard. Therefore, it is not appropriate to say that a standard of care might be three hours of counseling per week. The number of hours, and the actual type of counseling is based on each individual client. Further, these plans are negotiated among the HCDDS, the client, the client's representative and the schools for school-age children.

Exhibit 9: Population by County

<u>COUNTY</u>	<u>2011 POPULATION</u>
Butler	369,932
Clermont	198,466
Cuyahoga	1,269,983
Franklin	1,179,364
Hamilton	800,688
Lucas	439,914
Montgomery	534,941
Summit	541,227
Warren	212,693

Source: 2011 OHIO DODD Revenue and Expenditure Report (most recent data available)

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Exhibit 10: Percentage Comparisons of Clients Served by HCDDS to Peer Groups

	Hamilton County	Large Peer Groups	All Peer Groups
2009			
Child 0-2	14.00 %	13.00 %	15.00 %
Child 3-5	2.00	6.00	7.00 %
Child 6-21	31.00	32.00	30.00 %
Adult	<u>53.00</u>	<u>49.00</u>	<u>48.00 %</u>
Total Clients Served	<u>100.00 %</u>	<u>100.00 %</u>	<u>100.00 %</u>
2010			
Child 0-2	13.00 %	13.00 %	14.00 %
Child 3-5	4.00	7.00	10.00
Child 6-21	31.00	34.00	32.00
Adult	<u>52.00</u>	<u>46.00</u>	<u>44.00</u>
Total Clients Served	<u>100.00 %</u>	<u>100.00 %</u>	<u>100.00 %</u>
2011			
Child 0-2	14.00 %	13.00 %	13.00 %
Child 3-5	3.00	7.00	11.00
Child 6-21	30.00	33.00	32.00
Adult	<u>53.00</u>	<u>47.00</u>	<u>44.00</u>
Total Clients Served	<u>100.00 %</u>	<u>100.00 %</u>	<u>100.00 %</u>

Source: 2011 OHIO DODD Revenue and Expenditure Report (most recent data available)

The following data is taken from the Ohio DODD 2011 Revenue and Expenditure Report and was used for comparative purposes as it was the most recent comparative data available. There is wide variability in the total number of clients served in each county in the peer group. There is a direct relationship between total respective county population and total clients served. Hamilton County currently serves approximately 8.0 clients per 1,000 county residents. The Large Peer average client service rate totals approximately 8.3 clients per 1,000 county residents. The All Peer average client service rate is slightly lower at approximately 8.0 clients per 1,000 county residents.

Program expenditures supporting Children 0-2 years total \$5,402,296 and average \$5,924 per client in Hamilton County. This is the lowest amount in the All Peer group and significantly less than the All Peer group average of \$8,476 per client. Hamilton County expenditures are also the lowest in the Large Peer group and significantly less than the Large Peer group average of \$8,574 per client.

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COMPARATIVE DATA AND ANALYSIS

Program expenditures supporting Children 6-21 years total \$16,064,248 and average \$8,242 per client in Hamilton County. This is the highest level among the Large Peer group and greater than the peer group average of \$4,892. Hamilton County is the highest among the All Peer group and significantly greater than the peer group average of \$3,310 per client. *View from a responsible official: HCDDS program expenditures are higher than its Large Peer groups as HCDDS operates two schools. Over the past ten years, Cuyahoga has downsized and closed their school operations.*

A composite measure of expenditures supporting Children 3-21 years total \$16,064,248 and average \$7,447 per client in Hamilton County. This level of effort is the highest of the Large Peer group and is greater than the peer group average of \$5,409 per client. Hamilton County's level of effort is also greater than the All Peer group average of \$3,789 per client. *View from a responsible official: HCDDS program expenditures are higher than its Large Peer groups as HCDDS operates two schools. Over the past ten years, Cuyahoga has downsized and closed their school operations.*

A composite measure of expenditures supporting Children 0-21 years total \$21,466,544 and average \$6,995 per client in Hamilton County. This level of effort is the highest of the Large Peer group and is greater than the peer group average of \$6,180 per client. Hamilton County's level of effort is greater than the All Peer group average of \$4,554 per client. *View from a responsible official: HCDDS program expenditures are higher than its Large Peer groups as HCDDS operates two schools. Over the past ten years, Cuyahoga has downsized and closed their school operations.*

Program expenditures supporting Adults total \$34,879,764 and average \$10,427 per client in Hamilton County. This is the lowest level among the Large Peer group and significantly less than the peer group average of \$16,015 per client. Hamilton County per client expenditures are the third lowest in the All Peer group and significantly less than the peer group average of \$16,383 per client.

Program expenditures for Service and Support Administration total \$10,533,652 and average \$1,642 per client in Hamilton County. This falls into the middle of the Large Peer group and greater than the peer group average of \$1,596 per client. Hamilton County falls in the middle of the All Peer group and is more than the peer group average of \$1,398 per client.

Program expenditures for Community Residential total \$7,478,339 and average \$1,166 per client in Hamilton County. This falls in the middle of the Large Peer group and less than the large peer group average of \$1,527 per client. Hamilton County is the second highest in the All Peer group and slightly greater than the peer group average of \$1,115 per client.

Account expenditures in support of Medicaid Administration total \$2,253,426 and average \$351 per client in Hamilton County. This falls into the middle of the Large Peer group and is greater than the peer group average of \$322 per client. Hamilton County is the fourth lowest in the All Peer group and slightly more than the peer group average of \$335 per client.

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COMPARATIVE DATA AND ANALYSIS

Account expenditures in support of General Administration total \$5,829,005 and average \$909 per client in Hamilton County. This falls into the middle of the Large Peer group and is greater than the peer group average of \$825 per client. Hamilton County falls in the middle of the All Peer group and is greater than the peer group average of \$821 per client.

Account expenditures in support of Support Services total \$9,625,524 and average \$1,501 per client in Hamilton County. This falls into the middle of the Large Peer group and slightly less than the peer group average of \$1,567 per client. This falls in the middle of the All Peer group and is greater than the peer group average of \$1,317 per client.

Account expenditures in support of Direct Services total \$46,166,660 and average \$7,198 per client in Hamilton County. This fall into the middle of the Large Peer group and less than the peer group average of \$8,834 per client. Hamilton County also falls into the middle in the All Peer group and less than the peer group average of \$7,801 per client.

Account expenditures in support of Transportation total \$10,925,752 and average \$1,703 per client in Hamilton County. This is the lowest level in the Large Peer Group and significantly less than the peer group average of \$2,209 per client. Hamilton County falls in the middle in the All Peer group and significantly less than the peer group average of \$1,895 per client.

See Appendix L for a table of 2011 expenditures per client representing rankings of the All Peer group and Large Peer group.

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FINANCIAL ANALYSIS AND FORECAST

FINANCIAL ANALYSIS AND FORECAST

DISCUSSION WITH MANAGEMENT

Per our discussion with HCDDS management, they are aware of the upcoming financial difficulties if revenues and expenditures remain at the status quo. HCDDS management has begun discussions on how to resolve these potential issues.

The forecast in the exhibit listed below is presented in conformity with the accounting basis (cash) and accounting principles that HCDDS is expected to use during the forecasted period. The accounting basis and related accounting principles are consistent with the accounting basis and accounting principles which HCDDS used to prepare the historical financial statements. The forecast reflects judgment and assumptions, based on present circumstances, of the expected conditions and course of actions.

Exhibit 11: Levy Forecast 2015-2019 (in thousands)

	Year 1 2015 Forecast	Year 2 2016 Forecast	Year 3 2017 Forecast	Year 4 2018 Forecast	Year 5 2019 Forecast
Beginning Fund Balance	\$ <u>14,647</u>	\$ <u>10,631</u>	\$ <u>5,856</u>	\$ <u>306</u>	\$ <u>(6,040)</u>
Revenues					
Property Tax	72,727	72,988	73,250	73,512	73,775
State	7,063	7,063	7,063	7,063	7,063
Federal	12,275	12,275	12,275	12,275	12,275
Department of Education	2,460	2,460	2,460	2,460	2,460
Miscellaneous	<u>7,444</u>	<u>7,444</u>	<u>7,444</u>	<u>7,444</u>	<u>7,444</u>
Total Revenues	<u>101,969</u>	<u>102,230</u>	<u>102,492</u>	<u>102,754</u>	<u>103,017</u>
Expenditures					
Salaries and Benefits	38,924	39,632	40,353	41,087	41,834
Contractual Services	51,215	51,215	51,215	51,215	51,215
Transportation	9,727	9,921	10,120	10,322	10,529
Capital Outlay	591	591	591	591	591
Utilities, Supplies and Other	<u>5,528</u>	<u>5,646</u>	<u>5,763</u>	<u>5,885</u>	<u>6,007</u>
Total Expenditures	<u>105,985</u>	<u>107,005</u>	<u>108,042</u>	<u>109,100</u>	<u>110,176</u>
Change in Fund Balance/Additional Revenue Need	<u>(4,016)</u>	<u>(4,775)</u>	<u>(5,550)</u>	<u>(6,346)</u>	<u>(7,159)</u>
Ending Fund Balance	\$ <u>10,631</u>	\$ <u>5,856</u>	\$ <u>306</u>	\$ <u>(6,040)</u>	\$ <u>(13,199)</u>
Annualized Shortfall per Year	\$ <u>(2,640)</u>				

Source: HCDDS

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FINANCIAL ANALYSIS AND FORECAST

Assumptions to the Levy Forecast 2015-2019

Forecasted Revenues

- Property Tax - The property tax estimate is certified by the county auditor. The forecast assumes no increases or reductions from estimated certified revenues.
- State Revenues - The State funding consist of pass-through funding. Any reductions in future funding will be offset by reductions to contracted services. The forecast assumes no increases or reductions from the budgeted 2014 State revenues.
- Department of Education (DOE) - The DOE funding consist of pass-through funding. Any reductions in future funding will be offset by reductions to contracted services.
- Federal Revenues - The Federal Revenues consist of grants and billings for Title XIX Medicaid. It is anticipated the federal grant for the Bridges Program (\$250,000) will not be continued beginning FY 2015. In FY 2014, HCDDS transferred the responsibility of billing for Medicaid services to certain contracted agencies. The forecast assumes no increases in the Medicaid fee schedule for HCDDS providers.
- Miscellaneous Revenues - HCDDS has cost report settlements each year that relate to certain State funding. The reconciliation generally lags two years. The forecast assumes HCDDS will continue to receive additional funds on an annual basis consistent with the FY 2014 budget. Other reimbursements include school district billings at \$5.3 million for the FY 2014 budget. HCDDS is considering increasing billings for the school districts, but any changes have not been included in the forecast.

Forecasted Expenses

- Salaries and Benefits - Salaries are forecasted to increase, on average, 1.75% per year. This increase allows management flexibility in budgeting salary increases and increases in benefit cost. Increases may be utilized to fund current levels of benefits. Vacation expense is forecasted to anticipate an early retirement offering to reduce positions. The STRS contribution is projected at the current level of funding. Benefits are forecasted to increase 2%, including medical expense.
- Contractual Services - HCDDS has renegotiated payments to contractors based on the state Medicaid fee schedule. No increases in the fee schedule of Title XIX have been forecasted. Accordingly, no increase in contracted services is forecasted.
- Transportation Services - HCDDS has renegotiated the transportation contracts. The contracts include a 2% annual increase.
- Capital Outlay - HCDDS has budgeted capital outlay expense in the FY 2014 budget to complete current projects. Due to limited funding, no increases in capital outlay are forecasted.
- Other expenses - Other expenses are forecasted to increase 2.1%. The largest expenditure is the Tax Settlement Fees currently budgeted at \$1,110,000 for the FY 2014 budget.
- One-time Expenses - No one-time expenses were included in the FY 2014 budget. No extraordinary one-time expenses have been forecasted.

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POTENTIAL ACTION PLANS AND RELATED FEASIBILITY

Based on the preceding forecast, all information indicates that HCDDS will have operating and fund balance deficits. To counteract these deficits, HCDDS is considering the following action plans:

Action Steps to Projected Outcomes

Action Step One - Beginning with 2014-2015 school year require all school districts to transport students to HCDDS school locations.

Based on information provided, it is believe that this action step will most likely decrease revenues from the DOE by approximately \$196,000 and also decrease the corresponding transportation expenditures by approximately \$235,000 for a net annual revenue savings of approximately \$39,000.

Action Step Two - Possible Attrition due to Changes in the State Retirement Systems

In 2014, significant changes will begin with retirement benefits and other qualifications for both PERS and STRS retirement systems. It is believed that over 20 employees will be negatively impacted by these changes and may opt for early retirement. Essentially all of the potential early retirees would be replaced based on their job descriptions. Using a probability factor of 90%, it is believed that a net replacement cost savings of approximately \$822,000 is possible. The amount identified is considered to be an annual expenditure stream savings.

Action Step Three - ERIP Beginning in 2015

It is anticipated that if an ERIP were to be offered beginning in 2015 (in addition to the possible attrition identified in action step two), potentially over 50 employees would qualify for incentivized retirement. The ERIP would run for an 18 month period (January 1, 2015 through June 30, 2016). A 90% probability factor, based on previous history, was used in the action step calculation. The ERIP cash outflow needed to fund the program would be approximately \$2,608,000 and \$1,285,000 in 2015 and 2016, respectively. It is anticipated that net cost replacement savings in 2015 would be approximately \$1,805,000 and an additional savings of \$893,000 in 2016, with an expected annual savings of \$2,778,000 beginning in 2017 and thereafter.

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Action steps two and three create new baselines for the Salaries and Benefits amounts. In doing so, the projected baseline was then incrementally increased based on the assumptions as previously outlined in the forecast.

The following projection begins by using the original forecast, which was based on present circumstances and expected conditions. The projection below incorporates the previously listed action steps. As identified, the action steps appear to eliminate the deficit fund balances with an accumulated savings, when compared to the original forecast, of approximately \$13.5 million.

Exhibit 12: Levy Projection with Adoption of Action Plans (in thousands)

	Year 1 2015 Projection	Year 2 2016 Projection	Year 3 2017 Projection	Year 4 2018 Projection	Year 5 2019 Projection
Beginning Fund Balance	\$ <u>14,647</u>	\$ <u>10,689</u>	\$ <u>8,234</u>	\$ <u>6,352</u>	\$ <u>3,738</u>
Revenues - from Original Forecast	101,969	102,230	102,492	102,754	103,017
Action Step One: Department of Education Revenues	<u>39</u>	<u>39</u>	<u>39</u>	<u>39</u>	<u>39</u>
Projected Revenues	<u>102,008</u>	<u>102,269</u>	<u>102,531</u>	<u>102,793</u>	<u>103,056</u>
Expenditures					
Salaries and Benefits per Original Forecast/Projected Salary Base	38,924	36,959	36,724	37,394	38,077
Action Step Two: Attrition Savings	(822)	-	-	-	-
Action Step Three: ERIP Savings in 2015/2016	<u>(1,805)</u>	<u>(893)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Projected Salaries and Benefits	36,297	36,066	36,724	37,394	38,077
Action Step Three: ERIP Outlay Other Expenditures from Original Forecast	<u>67,061</u>	<u>67,373</u>	<u>67,689</u>	<u>68,013</u>	<u>68,342</u>
Projected Expenditures	<u>105,966</u>	<u>104,724</u>	<u>104,413</u>	<u>105,407</u>	<u>106,419</u>
Projected Change in Fund Balance	<u>(3,958)</u>	<u>(2,455)</u>	<u>(1,882)</u>	<u>(2,614)</u>	<u>(3,363)</u>
Projected Ending Fund Balance	\$ <u>10,689</u>	\$ <u>8,234</u>	\$ <u>6,352</u>	\$ <u>3,738</u>	\$ <u>375</u>
Ratio of Projected Ending Fund Balance to Total Expenditures	<u>10.09 %</u>	<u>7.86 %</u>	<u>6.08 %</u>	<u>3.55 %</u>	<u>0.35 %</u>
Month of Projected Expenditures on- hand at Year-End	<u>1.21</u>	<u>0.94</u>	<u>0.73</u>	<u>0.43</u>	<u>0.04</u>

Per interviews and inquiries, several other possible action steps exist, including closing and/or consolidating schools and/or adult centers. It would appear that these topics would need additional analysis, including a general feasibility study, before any such implementation could occur or be considered.

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WORK PROGRAM AND OTHER ITEMS

WORK PROGRAM AND OTHER ITEMS

Task 1 - List the services funded by levy dollars by category of services.

- A. Collect relevant data pertaining to HCDDS organization, functional work areas, revenues and expenditures by function.
(Completed)
- B. Conduct interviews with administrative and program staff to understand the HCDDS management and reporting of program and financial information.
(Completed)
- C. Collect information from HCDDS staff and relevant Federal, State and Local agencies regarding applicable legal requirements for service delivery and level of services delivered.
(Completed, see exhibit below.)

Exhibit 13: Legal Requirements for Services

Service Program	Responsible Party
Early Childhood	Hamilton County Developmental Disabilities Services
Pre-school Education	School District of Residence
School-Age Education	School District of Residence
Adult Services and Family Support Services	Hamilton County Developmental Disabilities Services
Residential Services and Supported Living	Hamilton County Developmental Disabilities Services
Transportation	Hamilton County Developmental Disabilities Services
Case Management	Hamilton County Developmental Disabilities Services
Medicaid	Ohio Department of Medicaid

Source: Ohio Revised Code and HCDDS

- D. Build a data table presenting each function, its current revenues and expenditures.
(Completed, see Historical Results section starting on page 20.)
- E. Review the draft table with HCDDS management to assure completeness and accuracy.
(Completed)
- F. Revise and finalize data table based on the review of the draft.
(Completed)

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Task 2 - For all services provided by levy dollars, list the cost per unit of services for each category of service, including the cost per client and cost per year for the previous five year levy period. Determine if the level of services provided is appropriate.

- A. Collect relevant data pertaining to work volume (measured in units of service to the extent possible), revenue and cost by client and service category for the previous five-year levy period.
(Completed, see Operations Analysis starting on page 34.)
- B. Review HCDDS controls which ensure that only Hamilton County residents are served using levy funding.
(Completed)

Results and findings: Per discussion with HCDDS staff, the Supervisor of Introduction and Eligibility is the first point of contact for all potential clients of HCDDS. The Supervisor immediately sets up a record of the potential client on the system that includes the address and all other pertinent factors. If it is evident that the individual is not a resident of Hamilton County, then the Supervisor immediately refers them to their respective county's Developmental Disabilities Services. The Supervisor will often call the respective county board or agency directly with the prospective client still on the phone to ensure that it is a smooth transition for the prospective client. Non-residents do not make it any further in the eligibility determination process.

- C. Conduct interviews with administrative and program staff to understand the HCDDS management and reporting of program and financial information.
(Completed)
- D. Build a five-year table by function showing average cost per client per year.
(Completed, see Operations Analysis starting on page 34.)
- E. Review the draft table with HCDDS management to assure completeness and accuracy.
(Completed)
- F. Review and finalize data table based on the review of the draft.
(Completed)

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WORK PROGRAM AND OTHER ITEMS

Task 3 - Analyze quality of services provided, including determining the number of clients served during the previous levy period, and review waiting lists (including how such list is defined). Review feedback from recipients of service, including whether facilities are clean, safe and providing proper care. Present recommendations for improvement.

- A. Conduct interviews with Administrative and Program staff to understand the HCDDS management and reporting of program and financial information, particularly as relating to quality review.
(Completed)

- B. Collect and review service waiting lists, including historic length of lists, average length of time on list, policies and procedures regarding the management of waiting lists, and actions necessary to minimize or eliminate a waiting list.
(Completed, see exhibit below.)

Results and findings: During the levy cycle, revenues have declined and needs have continued to increase. HCDDS is not able to meet the needs of the people in the community. As a result, the waiting list for waivers has increased throughout this time period. During the past several years, the agency has only given I/O waivers to people who meet emergency criteria. Level 1 waivers have been used only for emergencies and for refinancing of locally funded adult services. Given the decline in funding, HCDDS is now in a position of putting people who meet emergency criteria on the waiting list because there is no additional funding to pay match on new waivers. It is anticipated that total expenditures and clients caseloads will continue to increase. Without additional funding, it is also anticipated that the waiting list will continue to grow.

Data received indicates that the other Large Peer Group members (Cuyahoga and Franklin counties) also have enrollment waiting lists. As of November 2013, the number of clients on these waiting lists range from 2,305 - 8,783.

There are currently 14 people on the Adult Services Waiting List, which was established September 2013. Historically, any eligible adult was able to get local funds to attend Adult Day Array programming. Due to the extensive cuts, HCDDS has had to place a freeze on adding new authorizations for day array, and a waiting list has been established for this service.

The exhibit below shows the waiting list over the levy cycle. As noted, each count shows the number on the waiver waiting list as of December 31 of each year. For 2013, the data is as of October 28, 2013. The exhibit also attempts to calculate, based on cost per client services performed (see Exhibit 7), an estimate of dollars potentially needed to fully reduce the waiting list.

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Exhibit 14: Estimated Dollars needed to Serve Waiting List

	Year 1 2010	Year 2 2011	Year 3 2012	Year 4 2013
People on waiting list	2,591	2,690	2,727	2,622
Cost per client services performed	<u>6.920</u>	<u>6.394</u>	<u>6.655</u>	<u>7.321</u>
Estimated dollars needed to serve waiting list	\$ <u>17,929,720</u>	\$ <u>17,199,860</u>	\$ <u>18,148,185</u>	\$ <u>19,195,662</u>

Source: HCDDS

- C. Working in cooperation with HCDDS staff, identify clients to participate in focus groups to obtain client perceptions regarding services provided through the HCDDS.
(Completed)

Results and findings: Per discussion with the Assistant director in charge of Quality Improvement and review of the Quality Improvement departments procedures manual (Guide to Gathering Input from Persons Served, Families, Staff, and Other Stakeholders), there is an entire department dedicated to ensure the clients served are being done so in a manner that is conducive to carry out the mission of the organization.

The Life Satisfaction Survey (LSS) includes general satisfaction questions as well as open-ended questions that inform programming. These interviews are generally conducted in person. The LSS includes questions relevant to program services for adults and children, community services, behavior support services, and/or blue ribbon survey. Feedback and recommendations from surveys are shared with relevant staff. If there are recommendations requiring follow up, the QI specialist verifies the follow up has occurred. On a bi-monthly basis, the QI specialist completes a content analysis that indicates emerging trends. Annually, a trend report is completed and used for annual planning purposes.

Based on all information provided, it appears that the HCDDS operation is designed to perform, meet and exceed client satisfaction. HCDDS personnel are cognizant of the needs of each individual and appear to work diligently to address the needs of the individuals and families as evidenced by the overall satisfaction with the services and staff.

- D. Review current budget performance measures as objectives, as presented to Hamilton County, and recommend changes which could more accurately reflect the success of the HCDDS.
(Completed, see Operations Analysis starting on page 34.)

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Task 4 - Comparison with private providers and other governmental agencies are being utilized before levy usage.

- A. Is Hamilton County competitive with what other comparable Ohio counties pay for similar services (including Clermont, Butler, Cuyahoga, Montgomery, Franklin, Summit and Lucas counties)?
(Completed, see Comparative Data and Analysis section starting on page 41.)
- B. Benchmark HCDDS's level of service when compared to other comparable Ohio counties. Provide an analysis of change for the comparative jurisdictions between the current period and the 2009 study.
(Completed, see Comparative Data and Analysis section starting on page 41.)
- C. Benchmark all information and data obtained in an effort to locate opportunities for increased HCDDS revenue, reduce operation expenses, and foster an environment of cost control.
(Completed, see Comparative Data and Analysis section starting on page 41.)
- Identify appropriate data sources.
(Completed, see Comparative Data and Analysis section starting on page 41.)
 - Identify and collect appropriate comparative data, including but not necessarily limited to, work volumes, client base, revenues and expenditures, staffing, and organizational structure and governance.
(Completed, see Comparative Data and Analysis section starting on page 41.)
 - Prepare a comparative table of the data collected, including observations regarding significant apparent differences between HCDDS and other agencies.
(Completed, see Comparative Data and Analysis section starting on page 41.)
- D. Analyze HCDDS organizational structure, number of FTEs and compensation. Conclude as to propriety of organizational structure relative to similar organizations.
(Completed, see Analysis of Corporate Structure Including Organization Chart section starting on page 32 and Operations Analysis section starting on page 34.)

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Task 5 - Evaluate financial results of HCDDS operations over the past five years, including analysis of variances from budget and comparison of financial trends with services delivered over the same time.

- A. Analyze procedure for HCDDS selection of third party providers (including legal compliance).
(Completed)

*Results and findings: Based on all the information analyzed, it was noted that HCDDS has an internal policies and procedures manual which outlines the selection of third party providers. All information analyzed indicates that HCDDS is following the guidelines set forth by the policies and procedures manual, including legal compliance. (See Contract Services Procedures Manual at **Appendix K.**)*

- B. Analyze amount and percentage of levy dollars, if any, going to third party providers located outside Hamilton Co.
(Completed)

Results and findings: It is a policy of HCDDS to use providers in Hamilton County, when possible. However, there are circumstances where the individual's needs are such that a provider in Hamilton County cannot adequately serve the individual. In those limited cases, a provider outside of Hamilton County is contracted. These third party providers outside of Hamilton County amounted to 2.5% in 2012 and 2.2% in 2011 of total contracted services.

- Working from data collected and reported in Tasks 1 and 2, prepare a spreadsheet for the preceding five-year tax levy period, showing revenues and expenditures by principal categories, including variance from original levy projections and annual budget plans. The sheet will also provide work volume data over the same time period. This sheet will serve as the basis for the financial projections called for in Task 6.

(Completed, see Historical Results section starting on page 20.)

- Interview HCDDS staff and review established policies and procedures to gain an understanding of the process of selecting and contracting for third party providers. This will also include a review of the process for managing the contracts, including payment approvals and quality assurance review.

(Completed)

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Task 6 - Historical review of HCDDS budget and projections and evaluate the impact of an aging population on HCDDS.

- A. Was the previous levy request adequate to meet community need?
(Completed, see Historical Results section starting on page 20.)
- B. Can the current HCDDS cost-structure be sustained without ongoing increases in taxpayer subsidies? Why or why not?
(Completed, see Historical Results section starting on page 20.)
- C. Review and analyze HCDDS strategic plan for the next levy period for comprehensiveness, reasonableness of assumptions and likelihood of success.

Collect and review documents that pertain to work volumes and expectations that will impact, and be impacted by, the strategic plan. Evaluate the impact of an aging population on HCDDS. Using this information, and experience in public strategic planning, Prepare an evaluation of each strategic planning effort, addressing:

- Comprehensiveness of strategic planning,
- Completeness,
- Reasonableness of the assumptions upon which the plan is based,
- Perceived likelihood of success,
- Potential issues that are either not addressed by the plan and should be or that need to be addressed in a different manner, and
- Institutionalized maintenance and regular updating of strategic plans.

To the extent that sufficient long-term information is available, evaluate the content of the strategic plan to determine whether the Tax Levy request will be sufficient to accomplish the respective strategic plan, including the results of the analysis of an aging population on HCDDS.

(Completed, see Effectiveness of Strategic Planning section starting on page 68.)

- D. Review cost allocation for HCDDS administrative costs to the levy. Is the allocation methodology reasonable? Why or why not?
(Completed)

*Results and findings: HCDDS follows the Cost Allocation Policies and Methodologies as promulgated by the State of Ohio. (See policy at **Appendix H.**)*

- E. Working from the spreadsheets developed in Tasks 1, 2 and 5, the client service work volume, and historic trends in waiting lists, assemble observations regarding the adequacy of the previous levy request to meet community need. If the fund analysis shows a projected unappropriated fund balance at the end of the current levy period that is above what was originally projected, review the fund history with HCDDS financial managers and executive management to determine the reasons for that balance.
(Completed)

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- F. Prepare a five-year revenue and expenditure forecast for the upcoming levy period. The forecast should apply known revenues and expenditures, adjusted for inflation as appropriate, and should also consider known conditions that will significantly impact either revenues or expenditures. To the extent possible, apply a per client revenue and cost basis to reflect both revenues and expenditures based on an increase or decrease in client base over the time period.
(Completed, see Financial Analysis and Forecast starting on page 45.)
- G. Adjust the forecast for the tax levy, assuming usage of any projected 2014 levy fund balance and a zero unappropriated levy fund balance at the end of the new levy period.
(Completed, see Financial Analysis and Forecast starting on page 45.)

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Task 7 - Analyze any alternative sources of funding to ensure that any of these sources of funding are being utilized first.

- A. Collect and review all policies and procedures regarding provider service payments, the procedures for assignment of funds to payment, and procedures for assuring that funds other than levy funds are used first, subject to applicable federal and state law. Consultant shall interview appropriate financial and case management personnel regarding their understanding of the policies and procedures.
(Completed, see HCDDS Payer of Last Resort Policy at [Appendix I](#).)
- B. Review and report on past due State Medicaid reimbursements - potential additional recoveries over the next levy period and how or to what extent those recoveries could offset levy funding.
(Completed, see [Financial Analysis and Forecast section starting on page 45.](#))
- C. Review and report on any funds which may be held by the State that help support local HCDDS services and project annual amounts.
(Completed, see [Financial Analysis and Forecast section starting on page 45.](#))
- D. Review and report on any proposed changes in federal, state or local funding mechanisms over the next levy period.
(Completed, see [Financial Analysis and Forecast section starting on page 45.](#))
- E. Conduct a case review of up to 10 provider files. During those reviews, the consultant shall obtain and review documentation relating to payments and the source of payment of funds. The purpose of this review will be to determine compliance with policies and procedures relating to the use of levy funds.
(Completed)

Results and findings: Decosimo conducted a general case review of 10 provider files to analyze documentation relating to payments and the source of payment of funds. The purpose of this review was to determine compliance with HCDDS policies and procedures relating to the use of the levy funds. Based on all the information analyzed, the sample of the disbursements were in accordance with the Agency's Payer of Last Resort Policy. (See detail of policy at [Appendix I](#).)

It was noted the files contained the signed contract with the provider, if applicable. The contracts are signed on an annual basis. Each invoice by the providers were properly approved by the appropriate personnel/directors in compliance with the Agency's policies and procedures manual and any change order requests were approved.

- F. Interview HCDDS management regarding the use of levy funds, state and federal funds, and alternative revenues for the payment of general administrative activities.
(Completed)

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Task 8 - Report and analyze HCDDS compliance with the terms of the current agreement by and between the Board of County Commissioners of Hamilton County, Ohio, and HCDDS entered into on May 19, 2010.

- A. HCDDS will work with Hamilton County to identify, confirm and implement offsets to the loss of revenue that will result from the elimination of the tangible personal property tax.
(Completed)

*Results and findings: Based on all information analyzed, HCDDS is in compliance with the current agreement by and between the Board of County Commissioners of Hamilton County entered into on May 19, 2010. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review. (See **Appendix J** for a detailed summary of results and discussion as provided by HCDDS personnel.)*

- B. HCDDS will continue to pursue Federal Medicaid waivers, within available resources.
(Completed)

*Results and findings: Based on all information analyzed, HCDDS is in compliance with the current agreement by and between the Board of County Commissioners of Hamilton County entered into on May 19, 2010. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review. (See **Appendix J** for a detailed summary of results and discussion as provided by HCDDS personnel.)*

- C. HCDDS will increase its cost sharing with the public school system by increasing fees from 25% of the cost to 50% of the cost, plus 100% of transportation costs.
(Completed)

*Results and findings: Based on all information analyzed, HCDDS is in compliance with the current agreement by and between the Board of County Commissioners of Hamilton County entered into on May 19, 2010. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review. (See **Appendix J** for a detailed summary of results and discussion as provided by HCDDS personnel.)*

- D. HCDDS will budget for anticipated continued enrollment growth in adult services, within available resources.
(Completed)

*Results and findings: Based on all information analyzed, HCDDS is in compliance with the current agreement by and between the Board of County Commissioners of Hamilton County entered into on May 19, 2010. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review. (See **Appendix J** for a detailed summary of results and discussion as provided by HCDDS personnel.)*

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E. HCDDS will continue to improve technology support by:

- Moving immediately to the development of a disaster-based information technology backup and recovery system using off-site, secure facilities;
- At a minimum, implement a redundant server system for production servers, and consider the feasibility of using entirely off-site, secure server systems; and
- Continue re-implementation of its individuals served management system.

HCDDS will continue the preliminary discussions with Butler, Clermont, and Warren counties regarding establishment of a Council of Governments to coordinate activities of the three HCDDS programs.

(Completed)

Results and findings: Based on all information analyzed, HCDDS is in compliance with the current agreement by and between the Board of County Commissioners of Hamilton County entered into on May 19, 2010. HCDDS personnel are cognizant of the key items identified during the prior levy reviews and appear to have worked diligently to address all suggested recommendations. The progress made was also previously highlighted during the mid-term levy review. (See Appendix J for a detailed summary of results and discussion as provided by HCDDS personnel.)

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Task 9 - Evaluate the impacts of the Affordable Care Act and potential Medicaid expansion on the revenue stream.

The following information on the impact of the Affordable Care Act (ACA) and potential Medicaid expansion on revenue streams was excerpted from the "The Kaiser Commission" report as provided by HCDDS personnel:
(Completed)

How will Medicaid benefits work under the ACA?

Medicaid benefits for adults in the expansion group will be based on the Medicaid benchmarks already in law but all benchmarks must include the ACA's ten "essential health benefits."

Most newly eligible adults will receive Medicaid benefit packages based on or equivalent to the four benchmark plans described earlier. However, beginning January 1, 2014, all benchmark plans, for both new eligibles and the traditional population, must include the ten essential health benefits (EHBs) identified in the ACA and required of plans offered through the new exchanges. The ACA also requires Medicaid benchmark plans to include family planning services and supplies and meet mental health parity requirements; any benchmark-equivalent plans must include prescription drugs and mental health services. The groups currently exempt from mandatory enrollment in benchmark plans are retained and carry over to the expansion population. Thus, for example, expansion adults who are medically frail or have long-term care needs will be entitled to traditional Medicaid benefits and cannot be required to enroll in benchmark coverage. Going forward, the Medicaid benchmark coverage options are known as "Alternative Benefit Plans" (ABP).

Traditional Medicaid benefits and ABPs could differ within a state.

The ACA requirement that Medicaid ABPs include the ten EHBs does not apply to traditional Medicaid benefits. Thus, it is possible that, within a state, traditional adult beneficiaries might not receive important benefits that expansion adults receive, such as recommended preventive services. At the same time, it is possible that ABPs could lack important benefits that traditional Medicaid covers. Center for Medicare and Medicaid Services (CMS) guidance has indicated that states could harmonize and strengthen Medicaid benefits by using the Secretary-approved ABP option and optional Medicaid benefits to align their ABPs and traditional Medicaid benefits as closely as possible. By taking these steps, states could reduce disruptions in services when individuals shift between Medicaid eligibility groups and rationalize coverage for mixed-Medicaid families.

New federal initiatives reinforce and accelerate state efforts to improve the delivery of care.

The ACA established a new state option to implement "health homes" for Medicaid beneficiaries with chronic conditions, including severe mental illness. Health homes involve the integration and coordination of primary, acute, mental and behavioral health, and long-term services and supports. More integrated care for dual eligible beneficiaries is another key ACA priority. To advance that goal, the law created a new Medicaid-Medicare Coordination Office within CMS, as well as a multi-state demonstration program to test new models of integrated service delivery and payment for dual eligible beneficiaries. In addition, a new Innovation Center in CMS is charged with testing an array of payment and service delivery reforms for the broader population.

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The ACA creates new state opportunities to expand access to home- and community-based LTSS.

The health reform law expands states' Medicaid options to provide Medicaid Long-Term Services and Supports (LTSS) in the community, both enlarging the scope of covered services and expanding access to them by broadening the financial and functional criteria for eligibility. The ACA also provides increased financial incentives for states to shift more long-term care services out of institutional settings and into the community.

The ten EHBs specified in the ACA are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

What does the ACA do to improve access to care in Medicaid?

The ACA temporarily boosts Medicaid payment rates to Medicare levels for primary care physicians.

In 2012, Medicaid fees for primary care services averaged 59% of Medicare fees for the same service, and the Medicaid-to-Medicare fee ratio for services overall was 66%. The ACA requires states to pay primary care physicians at least Medicare rates for many primary care services in 2013 and 2014, in both fee-for-service and managed care. The magnitude of the primary care fee increase for the affected services, 73% on average, is unprecedented in Medicaid. Full federal funding is available for the difference between the fees states paid as of July 1, 2009, and Medicare rates in 2013 and 2014. The purpose of the fee increase is to improve support for physicians already serving Medicaid patients, and to promote wider Medicaid participation among primary care physicians in preparation for the Medicaid expansion. The fee increase also aligns Medicaid payment more closely with service delivery reforms that emphasize preventive and primary care.

New models of patient care are aimed at improving care, particularly for those with the most complex needs.

The ACA contains a multitude of new Medicaid options, incentives and initiatives designed to promote more patient-centered, coordinated and integrated care that are expected to improve both access to care and the quality of care. Among these new Medicaid avenues are the new health home option for individuals with chronic illness and the demonstrations of integrated care and payment models for dual eligible beneficiaries.

The ACA establishes a program of voluntary reporting of adult quality measures in Medicaid.

The Medicaid adult quality measures program required by the ACA is modeled closely on the program for children. In 2012, Department of Health and Human Services (HHS) published an initial core set of quality measures for Medicaid-eligible adults, covering areas such as prevention, care coordination and chronic disease management. By September 30, 2014, HHS must collect, analyze and make publicly available the information voluntarily reported by the states. Also on the quality front, CMS has issued guidance on a recommended core set of quality measures for assessing the Medicaid health home service delivery model introduced by the ACA.

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What Impact will the ACA have on Medicaid costs?

If all states expand, total national Medicaid spending during the 2013-2022 period will increase by 16% (relative to what would have happened without the ACA).

If all states implemented the Medicaid expansion, total national Medicaid spending during the ten-year period 2013-2022 would increase by an estimated \$1 trillion, or 16%, relative to projected Medicaid spending over that period without the ACA. The federal government would pay 93% of the increase in Medicaid costs if all states adopted the expansion; specifically, the federal government would pay \$952 billion over 2013-2022 and states would pay \$76 billion. While total Medicaid spending would increase by 16%, federal spending would increase by 26% and state spending would increase by 3%, though the results would vary by state.

The federal government will bear the lion's share of the new costs.

The very large federal share of the increased ten-year Medicaid spending if all states expanded Medicaid is explained by the fact that most additional spending would be attributable to the adults in the Medicaid expansion group, for whom the federal match is between 90% and 100% (depending on the year). States may also have some new costs over the decade because of the small required state share (up to 10%) for the expansion population and due to slightly higher participation among people who are eligible for Medicaid under pre-ACA eligibility rules.

Increased state costs associated with expanding Medicaid may be offset, in part, by reduced state spending for health under other programs.

Expanded Medicaid coverage of the low income population and the increased federal funds to states may lead to reductions in other state spending for health, such as spending for state coverage initiatives, indigent care, the mental health system and other programs. These sources of savings are not reflected in estimates of the costs to states of implementing the Medicaid expansion.

States commit substantial funds to Medicaid.

In FY 2011, states overall spent 16.7% of their general funds on Medicaid. It was the second-largest item in most states' general fund budgets, after elementary and secondary education, which accounted for 35.1% of state general fund spending that year. Medicaid spending pressures are a perennial issue at the state level. This is because states have limited fiscal capacity to meet the many competing demands they face and must balance their budgets. State budget pressures intensify during economic downturns, when state revenues decline at the same time that Medicaid enrollment is growing.

Medicaid is a major engine in state economies.

Economic research shows that state Medicaid spending has a "multiplier effect" as the money injected into the state economy through the program percolates through it, generating successive rounds of earning and purchasing by businesses and residents. This economic activity supports jobs and yields additional income and state tax revenues. Compared with other state spending, Medicaid spending is especially beneficial because it also triggers an infusion of new federal dollars into the state economy, intensifying the multiplier effect.

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How does Medicaid's financing structure support the program?

Medicaid's financing structure gives states flexibility to respond to changing needs and supports state efforts to cover the uninsured.

When states spend their dollars on Medicaid, they draw down federal matching funds. Thus, the matching system at least doubles the impact of state investment in Medicaid and increases states' capacity to respond to changes in health care needs, demographics, health care prices and the economy, and to disasters and epidemics. In contrast, federal block grant programs distribute a fixed sum of federal dollars to states based on projected need or a pre-set formula, with limited flexibility to respond to actual conditions. The guarantee of federal matching payments in Medicaid provides an incentive to states to invest in health care and discourages them from reducing coverage and benefits. At the same time, states have a stake in managing Medicaid costs to constrain their own spending.

The FMAP formula does not adequately address the countercyclical nature of the Medicaid program.

Medicaid is a countercyclical program. That is, during economic downturns, when people lose their jobs and income declines, Medicaid enrollment expands, but state tax revenues also shrink, reducing state capacity to afford the increased enrollment. The Federal Medical Assistance Percentages (FMAP) formula, which uses lagged data and is based solely on per capita income, does not adequately increase federal assistance to states when economic conditions are weak. On two occasions, most recently in 2009 in the American Recovery and Reinvestment Act of 2009 (ARRA), Congress has increased the FMAP temporarily to provide fiscal relief to state Medicaid programs during recessions. States used these federal funds to address shortfalls in Medicaid and across their budgets. The additional federal support under ARRA in the period of deepest recession proved a critical source of state revenue and resulted in the first decline in state Medicaid spending in the program's history.

How does the ACA affect Medicaid financing?

The ACA provides almost full federal funding for the cost of adults newly eligible for Medicaid under the expansion.

Under the ACA, the federal government will finance 100% of the costs states incur to cover the newly eligible adults in the first three years of reform (2014-2016) and at least 90% thereafter. If all states adopted the Medicaid expansion, the federal government would finance 93% of the total increase in Medicaid spending attributable to the ACA over the ten-year period 2013-2022, and states would finance 7%, but this distribution would vary by state.

The ACA provides an enhanced federal match for selected services and purposes.

The ACA provides for a temporary 90% federal match for specific services provided under the new health home option for beneficiaries with multiple chronic conditions. The law also provides a 100% federal match for the increase in Medicaid primary care fees to Medicare fee levels in 2013 and 2014. The ACA creates and extends several opportunities for enhanced federal matching funds to states to improve support for home- and

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community-based LTSS. In addition, to help states prepare to implement the streamlined eligibility systems required by the ACA, HHS has made available a temporary 90% federal administrative matching rate for the costs of upgrading Medicaid eligibility and enrollment systems, and a 75% rate for maintenance and operations of systems built using these funds.

The ACA reduces federal DSH allotments.

Corresponding to expansions in coverage under the ACA, the law also called for a reduction in federal Medicaid Disproportionate Share Hospital (DSH) allotments to states by \$14.1 billion over the period 2014-2019; by 2019, the reductions will represent a 50% cut in DSH payments relative to the pre-ACA baseline. The amount by which any individual state's allotment is reduced will be determined by a methodology to be developed by the HHS Secretary. Under the methodology, the largest percentage reductions are to apply to states with the lowest percentages of uninsured individuals and states that do not target their DSH payments to hospitals with high volumes of Medicaid inpatients or high levels of uncompensated care. The ACA did not anticipate that states would be able to opt out of the Medicaid expansion, leaving larger numbers of uninsured. Thus, there is no provision in the law to adjust a state's DSH reduction if it does not expand Medicaid. As of this writing, the Secretary had not released plans regarding distribution of the DSH reductions.

Looking Forward.

When the ACA is fully implemented in a few short months, important changes in Medicaid will occur across the states. The changes will be most far-reaching in the states that adopt the Medicaid expansion and coordinate it with the new exchanges and other insurance affordability programs, as envisioned by the ACA, to create a seamless system of coverage that will reach nearly all Americans. But regardless of what individual states decide about implementing the expansion, significant changes in Medicaid - from simplified eligibility and streamlined enrollment to payment increases for primary-care physicians, and from changes in benefits and delivery systems to changes in financing - will take place in all states, enhancing the program's operations and increasing its potential impact.

Now and going forward, Medicaid will remain integral to our health care system, continuing to ensure coverage and care for millions of people in our nation. These people include many low-income children and working families with fairly typical health care needs, but also many children and adults with chronic illnesses and disabilities and elderly and disabled Medicare beneficiaries with complex and high-cost needs. Medicaid is vital to the health and well-being of its beneficiaries, connecting them with needed services and supports and protecting them against out-of-pocket burdens they cannot afford.

As Medicaid becomes an even larger source of coverage, financing and innovation, understanding the program will be essential for policymakers, providers, educators and students, the media and the general public, many of whom the Medicaid program touches. Further, how the changes in Medicaid play out in the coming years will influence how fully the ACA's goals for coverage, individual and community health, and cost control are realized. Going forward, the important tasks of analyzing, monitoring and improving Medicaid as it evolves will remain key public policy and public health priorities.

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Task 10 - Based on the results of Tasks 1-9, make recommendations for future contractual conditions upon passage of the levy.

(Completed, see Principal Observations and Recommendations as included in the Executive Summary.)

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Task 11 - Prepare draft and final reports using the following outline as a guideline:

(Completed and in conformity with the outline below.)

PERFORMANCE REVIEW REPORT OUTLINE

- Recent history and overview of HCDDS operations
- Analysis of compliance with current contract with Hamilton County
- Operations analysis
- Financial analysis
- Possible threats or other issues to HCDDS during the next five year period
- Comparative data and analysis
- Effectiveness of strategic planning
- Summary of principal observations and recommendations
- Affordable Care Act and potential Medicaid expansion impacts
- Appendices

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POSSIBLE THREATS OR OTHER ISSUES

POSSIBLE THREATS OR OTHER ISSUES

Olmstead Decision and Integration

In 1999, the United States Supreme Court affirmed the Americans with Disabilities Act (ADA) with the Olmstead decision. The decision affirmed the integration mandate of the ADA. This decision has had a significant impact on operating and maintaining sheltered workshops and the future of adult services offered.

Key national trends include (Source - Ohio DODD):

- Several states have eliminated their sheltered workshop operations.
- Several states are no longer admitting new clients for sheltered workshops.
- Virtually every state is looking at realigning their funding away from sheltered workshops.
- Efforts have been made to eliminate the sub-minimum wage exemption.

Key state trends include (Source - Ohio DODD):

- Ohio has more clients receiving services in sheltered workshops than in any other state.
- Ohio ranks 3rd in percentage of adults receiving services in sheltered workshops compared to the total adults receiving services.
- From 2001 to 2011, Ohio has seen an increase of approximately 9% in the number of people living in private facilities larger than 16 beds; the national average has decreased in the same measurement by approximately 33%.
- As of 2011, Ohio spends approximately 93% of its adult services dollars on sheltered workshops and approximately 7% on supported employment.

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EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS

EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS

Key components to the strategic plan -

In reviewing the strategic plan (*Appendix D*), the *Two Guiding Principles* which function as the "North Star" are:

- Move toward integration in everything we do.
- Build the capacity of community organizations to meet the needs of the people with disabilities.

Integration is defined as "a setting that enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible." This was originally implemented in 1991 with Title II of the Americans with Disabilities Act (1990). The Department of Justice reinforced its definition of integration in 2011 when it issued a statement on the enforcement of the integration mandate. All states have been mandated that they must show that they are living up to the appropriate federal requirements. The Ohio Department of Developmental Disabilities has emphasized its commitment to integration by establishing an Employment First Initiative. As part of this Initiative, state agencies providing supports and services to Ohio's individuals with developmental disabilities are "required to align policies and procedures to support community employment and fulfill the Employment First Initiative requirement that community employment is the preferred outcome for working-age adults" (Employment First Initiative Web Site).

HCDDS estimates that the number of people served by HCDDS age 66 and older will almost double in five years, more than triple in ten years, and increase almost five times in fifteen years. The number of people supported by HCDDS ages 61-65 living at home with caregivers ages 80 and over will almost triple over the next five years. The number of people age 50 and older supported in the Adult Centers (Franks, Beckman, Jackson and Kidd Centers) will increase dramatically over the next decade. Estimates are that the number age 66 and older will double in 5 years, more than triple in 10 years, and increase by six times in 15 years. Estimates are that about half of adults with disabilities are "dual eligible" for Medicare and Medicaid. Beginning in 2014, new efforts like the Integrated Care Delivery System (ICDS) Pilot will begin to dramatically shift the way health care is coordinated for these "dual eligibles". Estimates are that about 1500 adults supported by HCDDS are dual eligible and potentially impacted by the ICDS Pilot and other health care reform efforts. As the workforce of direct support professionals ages and retires over the next decade, the availability of direct support workers will decrease significantly. Alzheimer's Disease is expected to impact about 12% of people over age fifty. The number of people with disabilities impacted by Alzheimer's Disease will grow rapidly over the next few years of this strategic planning cycle.

The following *Four Main Focus Areas* of the plan:

- Promote Integrated Employment Opportunities.
- Work with community partners to build capacity for a growing number of aging caregivers and people with disabilities.
- Strengthen community partnerships to improve health and mental health.
- Manage resources fairly and wisely.

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EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS

Review current strategic plans, funding sources and strategies

During 2013, HCDDS completed a strategic plan that encompassed the years 2014-2019. (*See Appendix D for the complete plan.*) The following is a summary of strengths, weaknesses, industry trends, industry challenges, opportunities and threats identified during this process.

Strengths

- Employee morale is high regarding the strategic plan as they have been given the opportunity to provide input and it is allowing them to take ownership of the plan.
- Proactive approach to expected obstacles rather than being reactive to problems.
- Aware of potential budgetary constraints and are appropriately planning to operate in a more streamlined and efficient manner.

Weaknesses

- Lack of financial data regarding expectations for costs.
- Strategic plan is relying on an ideal set of circumstances which may or may not come to fruition.

Industry Trends

- Aging population.
- As the general population ages, there will be more demand for workers to provide support. There will be greater competition for fewer employees.
- Hamilton County is below the national average of people with developmental disabilities integrated into the workforce.

Industry Challenges

- Based on the ages of people entered in the HCDDS Gatekeeper data system, the number of people served by HCDDS age 66 and older will almost double in five years, more than triple in ten years, and increase almost five times in fifteen years.
- The number of people supported by HCDDS ages 61-65 living at home with caregivers ages 80 and over will almost triple over the next five years.
- The number of people age 50 and older supported in the Adult Centers (Franks, Beckman, Jackson and Kidd Centers) will increase dramatically over the next decade. Estimates are that the number age 66 and older will double in 5 years, more than triple in 10 years, and increase by six times in 15 years.
- Estimates are that about half of adults with disabilities are “dual eligible” for Medicare and Medicaid. Beginning in 2014, new efforts like the ICDS Pilot will begin to dramatically shift the way health care is coordinated for these “dual eligibles.” Estimates are that about 1500 adults supported by HCDDS are dual eligible and potentially impacted by the ICDS Pilot and other health care reform efforts.

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EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS

- As the workforce of direct support professionals ages and retires over the next decade, the availability of direct support workers will decrease significantly.
- Alzheimer's Disease is expected to impact about 12% of people over age 50. The number of people with disabilities impacted by Alzheimer's Disease will grow rapidly over the next few years of this strategic planning cycle.

Opportunities

- Develop new partnerships and new models of housing and supports that are responsive to the needs of aging caregivers and people with disabilities.
- Partner with University Center for Excellence in Developmental Disabilities (UCEDD) to support aging caregivers to plan for the future of their family members with a disability.
- Build a strong partnership with the Council on Aging of Southwestern Ohio so that aging caregivers and people with disabilities have access to community resources.
- Develop data systems that generate good information about aging caregivers and people served by HCDDS who are aging.
- Build the capacity of providers of community services to seniors to welcome and include seniors with disabilities.
- Increased funding could allow for opportunities to pool expertise and resources in order to better meet the needs of people with disabilities who experience mental health issues.
- Increased funding could allow for investments in technology and analytics to collect, analyze and use data to promote quality services and efficient use of resources.

Threats

- Operating costs will continue to increase.
- Increasing age of the population.
- The waiting list for waiver services continues to grow at an increasing rate. As more families experience financial stress, the demand for services is likely to grow. At the same time, other government and social service agencies have collectively experienced shrinking resources and budget uncertainties, increasing the demand on HCDDS.
- Additional responsibility to management to ensure funds are properly managed given increased scrutiny from federal and state agencies.

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APPENDICES

APPENDICES

EXHIBIT A SCOPE OF SERVICES #1

TO CONSULTING AND SERVICES AGREEMENT BETWEEN THE BOARD OF COUNTY COMMISSIONERS, HAMILTON COUNTY, OHIO (the "County") AND JOSEPH DECOSIMO & COMPANY (the "Consultant") DATED _____, 2013

I. DESCRIPTION OF SCOPE OF SERVICES

Consultant shall conduct a review of Hamilton County Developmental Disabilities Services ("DDS"). Consultant shall prepare a final report which addresses the following objectives and will be in the format identified below.

OBJECTIVES:

- Compliance with the current agreement with Hamilton County
- Comprehensive financial analysis, including compliance with, and maximization of, current and planned funding contracts
- Evaluation of current operating efficiency relative to:
 - DDS's strategic plan
 - DDS's peers
 - Reasonable expectations
- Identification of basic level of services which meets legal requirements
- Recommendations for Tax Levy contract provisions between Hamilton County and DDS assuming successful passage of the proposed Tax Levy
- Recommendations for costs savings and/or revenue enhancements
- Review of potential impacts of the Affordable Care Act and potential Medicaid expansion

Task 1: List the services funded by levy dollars by category of services.

- A. Collect relevant data pertaining to DDS organization, functional work areas, revenues and expenditures by function.
- B. Conduct interviews with administrative and program staff to understand the DDS management and reporting of program and financial information.
- C. Collect information from DDS staff and relevant Federal, State and Local agencies regarding applicable legal requirements for service delivery and level of services delivered.

- D. Build a data table presenting each function, its current revenues and expenditures.
- E. Review the draft table with DDS management to assure completeness and accuracy.
- F. Revise and finalize data table based on the review of the draft.

Task 2: For all services provided by levy dollars, list the cost per unit of services for each category of service, including the cost per client and cost per year for the previous five year levy period. Is the level of services provided appropriate?

- A. Collect relevant data pertaining to work volume (measured in units of service to the extent possible), revenue and cost by client and service category for the previous five-year levy period.
- B. Review DDS controls which ensure that only Hamilton County residents are served using levy funding.
- C. Conduct interviews with administrative and program staff to understand the DDS management and reporting of program and financial information.
- D. Build a five-year table by function showing average cost per client per year.
- E. Review the draft table with DDS management to assure completeness and accuracy.
- F. Review and finalize data table based on the review of the draft.

Task 3: Analyze quality of services provided, including determining the number of clients served during the previous levy period, and review waiting lists (including how such list is defined). Review feedback from clients of service including whether facilities are clean, safe, and providing proper care. Present recommendations for improvement.

- A. Conduct interviews with administrative and program staff to understand the DDS management and reporting of program and financial information, particularly as relating to quality review.
- B. Collect and review service waiting lists, including historic length of lists, average length of time on list, policies and procedures regarding the management of waiting lists, and actions necessary to minimize or eliminate a waiting list.
- C. Working in cooperation with DDS staff, identify clients to participate in focus groups to obtain client perceptions regarding services provided through the DDS.
- D. Review current budget performance measures as objectives as presented to Hamilton County and recommend changes which could more accurately reflect the success of the DDS services.

Task 4: Comparison with Other Governmental Agencies.

- A. Is Hamilton County competitive with what other comparable Ohio counties pay for similar services (including Clermont, Butler, Cuyahoga, Montgomery, Franklin, Summit and Lucas counties)?
- B. Benchmark DDS's level of service when compared to other comparable Ohio counties. Provide an analysis of change for the comparative jurisdictions between the current period and the original 2004 Maximus Study.
- C. Benchmark all information and data obtained in an effort to locate opportunities for increased DDS revenue, reduce operation expenses, and foster an environment of cost control.
 - a. Identify appropriate data sources.
 - b. Identify and collect appropriate comparative data, including but not necessarily limited to work volumes, client base, revenues and expenditures, staffing, and organizational structure and governance.
 - c. Prepare a comparative table of the data collected, including observations regarding significant apparent differences between DDS and other agencies.
- D. Analyze DDS organizational structure, number of FTEs and compensation. Conclude as to propriety of organizational structure relative to similar organizations.

Task 5: Evaluate financial results of DDS operations over the past five years, including analysis of variances from budget and comparison of financial trends with services delivered over the same time.

- A. Analyze procedure for DDS selection of third party providers (including legal compliance).
- B. Analyze amount and percentage of levy dollars, if any, going to third party providers located outside Hamilton Co.
 - a. Working from data collected and reported in Tasks 1 and 2, prepare a spreadsheet for the preceding five-year tax levy period, showing revenues and expenditures by principal categories, including variance from original levy projections and annual budget plans. The sheet will also provide work volume data over the same time period. This sheet will serve as the basis for the financial projections called for in Task 6.

- b. Interview DDS staff and review established policies and procedures to gain an understanding of the process of selecting and contracting for third party providers. This will also include a review of the process for managing the contracts, including payment approvals and quality assurance review.

Task 6: Historical review of DDS budget and projections and evaluate the impact of an aging population on DDS

- A. Was the previous levy request adequate to meet community need?
- B. Can the current DDS cost-structure be sustained without ongoing increases in taxpayer subsidies? Why or why not?
- C. Review and analyze DDS strategic plan for the next levy period for comprehensiveness, reasonableness of assumptions, and likelihood of success.
 - a. Consultant shall collect and review documents that pertain to work volumes and expectations that will impact, and be impacted by, the strategic plan. Evaluate the impact of an aging population on DDS. Using this information, and experience in public strategic planning, Consultant shall prepare an evaluation of the each strategic planning effort, addressing:
 - Comprehensiveness of strategic planning
 - Completeness
 - Reasonableness of the assumptions upon which the plan is based
 - Perceived likelihood of success
 - Potential issues that are either not addressed by the plan and should be or that need to be addressed in a different manner.
 - Institutionalized maintenance and regular updating of strategic plans.

To the extent that sufficient long-term information is available, Consultant shall evaluate the content of the strategic plan to determine whether the Tax Levy request will be sufficient for to accomplish the respective strategic plan, including the results of the analysis of an aging population on DDS.
- D. Review cost allocation for DDS administrative costs to the levy. Is the allocation methodology reasonable? Why or why not?

- E. Working from the spreadsheets developed in Tasks 1, 2 and 5, the client service work volume, and historic trends in waiting lists, assemble observations regarding the adequacy of the previous levy request to meet community need. If the fund analysis shows a projected unappropriated fund balance at the end of the current levy period that is above what was originally projected, review the fund history with DDS financial managers and executive management to determine the reasons for that balance.
- F. Prepare a five-year revenue and expenditure forecast for the upcoming levy period. The forecast should apply known revenues and expenditures, adjusted for inflation as appropriate and should also consider known conditions that will significantly impact either revenues or expenditures. To the extent possible, apply a per client revenue and cost basis to reflect both revenues and expenditures based on an increase or decrease in client base over the time period.
- G. Adjust the forecast for the tax levy, assuming usage of any projected 2014 levy fund balance and a zero unappropriated levy fund balance at the end of the new levy period.

Task 7: Analyze any alternative sources of funding to ensure that any of these sources of funding are being utilized first.

- A. Collect and review all policies and procedures regarding provider service payments, the procedures for assignment of funds to payment, and procedures for assuring that funds other than levy funds are used first, subject to applicable federal and state law. Consultant shall interview appropriate financial and case management personnel regarding their understanding of the policies and procedures.
- B. Review and report on past due State Medicaid reimbursements – potential additional recoveries over the next levy period and how or to what extent those recoveries could offset levy funding.
- C. Review and report on any funds which may be held by the State that help support local DDS services and project annual amounts.
- D. Review and report on any proposed changes in federal, state or local funding mechanisms over the next levy period.
- E. In this Task 7, Consultant shall conduct a case review of up to 10 provider files. During those reviews, Consultant shall obtain and review documentation relating to payments and the source of payment of funds. The purpose of this review will be to determine compliance with policies and procedures relating to the use of levy funds.

- F. Interview DDS management regarding the use of levy funds, state and federal funds, and alternative revenues for the payment of general administrative activities.

Task 8: Report and analyze DDS compliance with the terms of the current Agreement by and between the Board of County Commissioners of Hamilton County, Ohio and DDS entered into on May 19, 2010, namely:

- A. DDS will work with Hamilton County to identify, confirm and implement offsets to the loss of revenue that will result from the elimination of the tangible personal property tax.
- B. DDS will continue to pursue Federal Medicaid waivers, within available resources.
- C. DDS will increase its cost sharing with the public school system by increasing fees from 25% of the cost to 50% of the cost, plus 100% of transportation costs.
- D. DDS will budget for anticipated continued enrollment growth in adult services, within available resources.
- E. DDS will continue to improve technology support by:
 - b. Moving immediately to the development of a disaster-based information technology backup and recovery system using off-site, secure facilities;
 - c. At a minimum, implement a redundant server system for production servers, and consider the feasibility of using entirely off-site, secure server systems;
 - d. Continue re-implementation of its individuals served management system.
 - e. DDS will continue the preliminary discussions with Butler, Clermont, and Warren counties regarding establishment of a Council of Governments to coordinate activities of the three DDS programs.

Task 9: Evaluate the impacts of the Affordable Care Act and potential Medicaid expansion on the revenue stream.

Task 10: Based on the results of Tasks 1-9 make recommendations for future contractual conditions upon passage of the levy.

Task 11: Prepare draft and final reports using the following outline as a guideline:

PERFORMANCE REVIEW REPORT OUTLINE.

- Recent history and overview of DDS operations
- Analysis of compliance with current contract with Hamilton County
- Operations analysis
- Financial analysis
- Possible threats or other issues to DDS during the next five year period
- Comparative data and analysis
- Effectiveness of strategic planning
- Summary of principal observations and recommendations
- Affordable Care Act and potential Medicaid expansion impacts
- Appendices

It is understood that Consultant will provide up to two draft reports. Consultant will prepare a draft and final report for review with DDS and the County. Consultant shall submit a draft report to the Tax Levy Review Committee no later than November 25, 2013 for review. Consultant shall make any Final Report changes necessary, based on that review, and then issue that as the Final Report by December 6, 2013.

II. ASSIGNED CONSULTANT PERSONNEL

Chris Flaig, CPA
Kathy Mitts, CPA
Ken Conner, CPA
Cole Powell, CPA, CGMA, FHFMA
David Cranford, CPA

III. MAXIMUM PROJECT FEE

The maximum total fee inclusive of expenses ("Total Fee"), to be paid to the Consultant for the performance of the Services pursuant to this Scope of Services shall not exceed Ninety Five Thousand Dollars (\$95,000.00).

IV. SCHEDULE FOR COMPLETION OF SERVICES

Consultant shall commence the Services for the DDS Levy herein on November 4, 2013 (the "Commencement Date"). The Consultant shall complete a draft report on the DDS Levy by November 25, 2013 and a final report by December 6, 2013. Consultant shall be available to the Tax Levy Review Committee and the County to answer questions regarding the report through February 5, 2014 (the "Completion Date").

Consultant and the County acknowledge and agree that the Services set forth in this Scope of Services shall be subject to and governed by all terms and conditions of the Consulting and Services Agreement entered into between the County and the Consultant dated _____ and shall constitute a Schedule to said Agreement.

Signatures

**BOARD OF COUNTY COMMISSIONERS,
HAMILTON COUNTY, OHIO**

JOSEPH DECOSIMO & COMPANY

By: _____
Christian Sigman, County Administrator

By: _____
Its: _____

Approved as to Form:

Assistant Prosecuting Attorney
Hamilton County, Ohio

5123:1-5-02 Assistance to enable a county board to pay the nonfederal share of medicaid expenditures for home and community-based services.

(A) Purpose

This rule sets forth the process for a county board to request assistance from the department in the event of failure of an operating levy for services for individuals with developmental disabilities in that county. This rule also sets forth the process followed by the department to respond to such requests in accordance with section [5123.0413](#) of the Revised Code.

(B) Definitions

(1) "County board" means a county board of developmental disabilities that performs home and community-based services waiver administration functions.

(2) "Department" means the Ohio department of developmental disabilities as established by section [121.02](#) of the Revised Code.

(3) "Home and community-based services" (HCBS) has the same meaning as in section [5126.01](#) of the Revised Code.

(C) Process for requesting assistance

(1) Following the failure of a county board operating levy, a county board may request assistance from the department to enable the county board to meet its obligations to pay the nonfederal share of medicaid expenditures for HCBS.

(2) Prior to making the request, the county board shall do all of the following:

(a) By written request, seek financial assistance through the county commissioners;

(b) Reduce costs by restricting expenditures, by reducing or eliminating programs (other than HCBS), and by consolidating functions or positions with other county boards or a regional council of governments;

(c) Develop a plan of action to resolve the county board's financial situation within a twelve-month period; and

(d) Adopt a resolution to request assistance from the department.

(3) A county board shall submit the following to the department when requesting assistance:

(a) A description of the actions the county board took to meet the requirements of paragraph (C)(2) of this rule and the results of those actions;

(b) A history of levies placed on the ballot in the most recent ten years;

(c) A cash flow analysis for the most recent and upcoming twelve months;

- (d) Most recent annual financial statements;
 - (e) Monthly financial statements for the most recent twelve months; and
 - (f) A copy of the resolution from the county board requesting assistance from the department.
- (D) Departmental response to request for assistance
- (1) The department may seek additional information, data, or reports on any of the following topics:
- (a) Cash flow analysis.
 - (b) Source, amount, and use of revenues of the county board over the last ten years.
 - (c) Levy experience and strategy.
 - (d) Efficiency and allocation of staff.
 - (e) Involvement of a council of governments.
 - (f) Funding sources for programs operated by the county board.
 - (g) Comparability of salaries of employees of the county board to other local agencies and to other similar county boards.
 - (h) Most recent strategic plan for the county board.
 - (i) Programs operated or funded by the county board.
 - (j) Any other information determined by the department to be relevant.
- (2) The department may further review the operations and financial condition of the county board by:
- (a) Examining the financial records of the county board.
 - (b) Appointing a public accounting firm to examine the financial statements and other records of the county board.
 - (c) Appointing a group of peers from other county boards to perform an on-site review of the operations of the county board.
- (E) Department decision
- (1) The department shall decide whether or not to provide assistance based on the following criteria:
- (a) Efficiency of administration;
 - (b) Use of medicaid to support services in the county;

- (c) The county board's plan to resolve its financial situation;
 - (d) Reasonableness of costs of the county board in comparison with other agencies; and
 - (e) Alternatives to assistance such as structural and operational changes to the county board.
- (2) The department's decision whether or not to provide assistance shall be at its sole discretion.
- (3) If the department decides that assistance should be made available to the county board, the department shall also decide whether the assistance will be in the form of paying the nonfederal share of medicaid expenditures for HCBS or reducing the number of individuals required to be enrolled in a waiver component under section [5126.0512](#) of the Revised Code, or both. The department shall consider the following factors:
- (a) Amount needed to pay the nonfederal share and impact on other counties;
 - (b) Number of individuals on the waiting list and progression of the list;
 - (c) Likelihood of the county board being able to resume paying the nonfederal share after a year; and
 - (d) Maintenance of HCBS waiver assurances.
- (4) If the department permits a reduction in the number of individuals required to be enrolled on a waiver component under section [5126.0512](#) of the Revised Code, no individual may be disenrolled from a waiver as a result of such reduction.
- (5) The department shall issue its decision in writing which may include any prerequisites for the county board to receive assistance. Generally, assistance will be made available for a twelve-month period.
- (F) Monitoring
- (1) Upon the grant of assistance, the county board shall submit the following reports to the department on a quarterly basis:
- (a) Financial statements;
 - (b) Progress on implementing the county board's plan of action to resolve the county board's financial situation; and
 - (c) Plans and strategy for an operating levy.
- (2) The department shall monitor the progress of the county board toward eliminating the need for assistance.
- (3) Within six months of issuing its decision, the department and county board shall confer on the impact of the plan of action on resolving the county board's financial situation, financial projections for the next six months, and any adjustments needed in the plan of action.

Replaces: 5123:1-5-02

Effective: 09/01/2010

R.C. [119.032](#) review dates: 09/01/2015

Promulgated Under: [119.03](#)

Statutory Authority: [5123.04](#), [5123.0413](#)

Rule Amplifies: [5123.04](#), [5123.0413](#), [5126.0512](#)

Prior Effective Dates: 01/02/2002 (Emer.), 03/21/2002

Agency Chronology

1947

Hamilton County Council for Retarded Children (HCCRC) organized by parents concerned about the lack of programs, facilities, and services for their children with mental retardation

1948

HCCRC starts the county's first educational programs for children with mental retardation

1955

HCCRC begins operation of a sheltered workshop program for adults, located in a colony building at East Oakley School

1960

Attorney General of the State of Ohio rules that all school programs operated by private agencies must be transferred to the direct operation of county welfare departments

Hamilton County Welfare Department (HCWD) creates a Division of Services for Retarded Children to assume operation of the 12 school-age classes (school-age program expanded rapidly, each year adding 2 or 4 new classes)

A second workshop opens in the western sector of the county

1962

HCWD school-age program moves to Stowe School, marking the first time that classes were centralized

1965

HCWD school-age classes relocate to Dyer School

First physical education classes offered

First speech and hearing screenings and therapy are offered

First nursing services offered

For the first time, pupils also participated in a wide range of school activities, including band, chorus, and sports teams complete with cheerleaders and pep squad

1967

Ohio Amended Senate Bill 169 establishes county boards of mental retardation with responsibility for home training, pre-school and developmental classes, community classes, sheltered workshops, and adult activity centers

Hamilton County Board of Mental Retardation (HCBMR) organizational meeting.

Frederick A Breyer appointed HCBMR Administrator

Margaret B. Rost appointed Program Director

Robert W. Franks, Chairman

Stuart Warshauer, Vice Chairman

Mrs. William E. White, Secretary

Fr. Edward Connell

Eugene L. Geier

E. Roger Jackson

Dr. John W. Shreve

Board contracts with Hamilton County Welfare Department (HCWD) to operate educational program at Dyer School

First Girl Scout Troop for children with mental retardation formed at Dyer School

Dyer school filled; 2 classes added at nearby Heberle School

1968

A contract agreement between HCBMR and the Hamilton County Council for Retarded Citizens (HCCRC) to "provide training centers, workshop facilities, and services approved by the Hamilton County Commissioners

Board contracts with Resident Home for the Mentally Retarded of Hamilton County, Inc.(RHMR) and United Cerebral Palsy

1969

Classes added at Sands School; continue at Dyer and Heberle Schools

1970

First Speech Therapist hired

First Home Trainer hired

Organizational meeting, Ohio Mental Retardation Boards Association

1971

Children's Services Division established as HCBMR assumes direct operation of Dyer School and other community programs from HCWD (497 children enrolled)

Employees of Retarded Children's Program of the HCWD transfer to the HCBMR

Board begins hiring its first employees

First adult activity center established for individuals unable to benefit from workshops

Margaret B. Rost appointed Administrator/Superintendent

Planning for "new school" begins

1972

HCBMR assumes operation of preschool classes from HCCRC (46 preschoolers)

1973

Adult Services Division established as HCBMR assumes operation of workshops and adult activity centers from HCCRC

Work Activity Centers, Inc. of Hamilton County, a non-profit corporation, is established to handle all business operations at HCBMR adult centers

Contract with Cincinnati Center for Developmental Disorders (CCDD) for diagnostic preschool classes

1974

First Mental Retardation Tax Levy (1.5 mills) passes with 60% of the vote

Building program begins; property for north school (Breyer) and adult center (Beckman) acquired

ESEA Title I Project Funding begins

Board hires first school nurse - pupils benefit from improved health service delivery

Fire/explosion at Eastern Hills Center - 2 days later is back in operation

DDA grants sub-contract with Ohio Valley Clinic and Monfort Heights Developmental Training Center

1975

Board begins Residential Division; assumes operation of Virginia Perin House from HCCRC

Federal government consolidates participation in funding of social services through passage of Title XX to the Social Security Act

Contract with Living Arrangements for the Developmentally Disabled (LADD)

1976

Frederick A. Breyer School opens; Wyoming preschool phased out

Classes at St. Joseph Home begin, serving children with multiple handicaps

Early Intervention Program begins for children birth through 2 years of age

First Physical Therapist hired

Contract with CCDD for clinical services begins

1977

First Occupational Therapist hired

First Boy Scout program begins at Breyer School

1978

Foster Grandparent Program places volunteers in buildings

1979

Second Mental Retardation Tax levy (1.34 mills renewal) passes with 73% of the vote

Elmer P. Beckman Adult Center begins operation; Northern Hills Work Activity Center closes

E. Roger Jackson Adult Center begins operation; Eastern Hills Work Activity Center closes

1980

Amended Substitute Senate Bill 160 adds developmental disabilities to the Board's title (HCBMR/DD)

Bobbie B. Fairfax School begins operation; classes at Church of the Redeemer and Eastwood phased out

Eugene Geier House begins operation

Agnes Manney House begins operation

1981

Margaret B. Rost School begins operation; Dyer School closes; classes at Our Lady of Lourdes and Westwood Methodist Church phased out

Robert W. Franks Adult Center begins operation; Western Hills Work Activity Center closes

Dan Tehan House begins operation

Board hires first psychologist

1983

Margaret B. Rost retires as Superintendent after 23 years of service

Thomas H. Kidd appointed Superintendent

1984

Third Mental Retardation Tax Levy (1.34 mills renewal/.58 mill increase) passes with 65.9% of the vote

Orient Developmental Center closes; former Orient residents begin attending adult centers and living in Hamilton County

Second shift added at Beckman Adult Center to handle increased workshop population

Planning for additional adult centers begins

Board hires first Behavior Management Specialist

Contract with Association for Retarded Citizens-Hamilton County (ARC-HC) for Family Resource Services Program (FRSP)

1985

Northside Adult Center begins operation

Contract with Ohio Valley Goodwill Industries Rehabilitation Center, Inc.

Contract with Work & Rehabilitation Centers of Greater Cincinnati, Inc.

1986

State mandate given to provide case management; contract with CCDD for case management services

Contract with RHMR to provide Emergency Residential Service (ERS) and Community Integrated Training and Education (CITE)

Contract with Cincinnati Recreation Commission for therapeutic recreation

1987

Supported Employment Unit begins operation

1988

Evendale Adult Center begins operation

Contract with Jewish Vocational Service (JVS) for Adult Services

Contract with Habilitation Opportunities, Inc. (HOI) for supportive foster care

1989

Fourth Mental Retardation Tax Levy (1.92 mills renewal/.81 mill increase) passes with 66.1% of the vote

Integrated Preschool Program begins

Work and Activity Centers, Inc. of Hamilton County changes name to The General Assembly, Inc.

Contract with University Hospital to provide psychiatric and behavior management services and in-hospital treatment

1990

Supported Living services/supports based on individual choices

Contract with Hamilton County Community Mental Health Board for Forensic Project

1991

Operation of Case Management Services assumed from CCDD

Housing Network of Hamilton County, Inc. begins to purchase houses for individuals with MR/DD

1992

CELEBRATION OF 25 YEARS OF HCBMR/DD COMMUNITY SERVICE

Integrated early childhood and early intervention classes begin at YMCA Child Development Center West in Price Hill

1993

Integrated early childhood and early intervention classes begin at Arlitt Center at the University of Cincinnati

Northside Adult Center receives Demonstration Work Site Grant from Greater Cincinnati Foundation

Employee councils formed at each General Assembly workshop

Agency schools adopt Ohio Early Childhood Curriculum

Housing Network of Hamilton County, Inc. receives The Arc Services Innovation Award

Adult Services receives Ohio Conversion Grant funding

SENIORS (Supported Efforts to Negotiate Integration Opportunities and Resources for Seniors) targets older adults with disabilities

New Mission and Vision statements adopted

Staff Recognition Project recognizes and rewards agency service

Pilot in Family to Family foster care reform plan

Virginia Perin House closes; residents transferred to community living

1994

Early intervention services begin at Duvall Center in Mt. Healthy

Fifth Mental Retardation Tax Levy (2.73 mills replacement levy) passes with 56.9% of the vote

1995

Early intervention services begin at Smith-Flowers Civic Center, Lincoln Heights

Family & Children First Initiative

General Assembly Training Site Grant enables individuals in adult centers to gain experience through volunteer work at non-profit agencies

1996

Early intervention services begin at Carll Street Center in North Fairmount

Several classes at St. Joseph Education Center end, most students move to Fairfax School

Senior Companion Program volunteers begin at agency adult centers

1997

Parent Partner Program at Carll Street Center, North Fairmount and Northside

Preschool classes start at Kemper Heights Elementary School

1998

External Evaluation commissioned to examine contracted operations

Smith/Flowers Center dedicated

Community Resources Department created - replaces Case Management Services and Residential Services

Training Department created

Administration of group homes contracted by Toward Independence

Northside Center closes

"Leaders in Action" forms as self advocacy group with 4 members who receive services

1999

Work groups established to oversee development & implementation of Strategic Plan 2000-2004

Housing Network of Hamilton County, Inc. and Catholic Federation for the Mentally Retarded build first accessible home in Hamilton County on Elwynne Avenue in Silverton

Elementary class begins at Hilltop School in Reading School District

Sixth Mental Retardation Tax Levy (2.73 mills renewal levy plus increase of .8 mills) passes with 59.7% of the vote

2000

Housing Network of Hamilton County, Inc. and Catholic Federation for the Mentally Retarded build second accessible home in Hamilton County on North Bend Road in Mt. Airy

Quality Assurance/Training Department created

Elementary class begins at Miamitown Elementary, Southwest School District

First accreditation (3 year) statewide under new ODMRDD regulations received

Thomas H. Kidd retires as Superintendent

Cheryl Phipps appointed Superintendent

2001

Housing Network of Hamilton County, Inc. and Catholic Federation for the Mentally Retarded build third accessible home in Hamilton County in Northside. Home wins Citirama Award.

Quality Assurance/Training Department assumes responsibility for investigation of Major Unusual Incidents from Community Resources

First Annual Report to the public detailing agency status as of 2000

Third elementary class at Mercer Elementary in Forest Hills School District

Swaim Lodge Group develops model for agency-wide single service coordination

Teams One and Two organized for regional service facilitation

2002

Rost School dedicates Multi-Sensory Environment Room made possible by a \$33,382.80 donation from Cheviot-Westwood Kiwanis Club

1st annual Awards Banquet honors significant achievement

Community Ambassadors formed to represent agency at community events

Begin contracting to provide evaluations for up to 200 infants and toddlers with intense medical needs at Children's Hospital

Additional classroom added at Miamitown Elementary to support intermediate age students

2003

2nd annual Awards Banquet

Commissioners initiate a rigorous Tax Levy Review Committee process

First CARF accreditation – programs deemed outstanding

5-year Ohio Department of MR/DD accreditation received – 1st in state

Fairfax School dedicates Multi-Sensory Environment Room

Regionalization of services in remaining regions finalized

Transition Team formed to assist students in moving to work environment

5th classroom at Amity School in Deer Park for intermediate aged students.

Forest Hills Schools take over operation of the satellite classroom at Mercer Elementary

2004

3rd annual Awards Banquet

Seventh MR/DD Tax Levy passed in November with 62.1% of the vote

Southwest region begins individual budgets

Collaboration with 22 school districts and Help Me Grow to develop the Evaluation, Planning and Assessment Team (EPAT) to evaluate children birth to 2 years old for eligibility

First high school unit opened at Deer Park High School

2005

Implementation of tax levy stipulations began in full force

Self-Determination and person-centered planning celebrates 10th anniversary; history published

Individuals Served Information System (ISIS) Project began

Itinerant Support Team won National Association of Counties (NACO) Award

5th Annual Awards Banquet draws more than 400 participants

Focus of adult centers changed to providing services for individuals with the most severe disabilities

Mobile Work Crews from the adult centers transferred to contract agencies

Housemate matching resulted in 113 individuals who had formerly lived alone being paired with a roommate to meet tax levy stipulations

Supported Employment unit operated by the agency contracted to private providers

Dr. Francis J. Hickey ends eight-year service as a board member

1st Summer Adventures for All Kids Expo

Cheryl Phipps awarded lifetime achievement honor by SWORA

Community Ambassadors Resource Alliance (CARA) forms to raise money and awareness for the special needs of people with disabilities

Community Resources Department renamed "Community Services"

Club Central starts at Northside

Early Retirement Incentive Program (ERIP) completed with 48 retirees

4th Annual Adapted Equipment/Resource Fair

Martin Miller and Scott Harsh join the board

CAFS funding discontinued

Cheryl Phipps elected president of Ohio MR/DD Superintendent's Association

3rd Annual Health Fair held for individuals with disabilities

Preschool services transferred to Hamilton County Educational Service Center and Cincinnati Public Schools – discontinuation of preschool services provided directly by the agency

Next Chapter Book Clubs begin

Lajuana Miller and Joanne Schreiner leave the board after many years of faithful service

Additional classroom opens in the Deer Park District to support high school students

2006

Dianne Koehler, member of Leaders in Action (LIA), appointed to serve on the Ohio Developmental Disabilities Council

Franks celebrates 25 years of service on 3/9/06

3-year CARF re-accreditation received, with more accolades

1st Annual Wheels for Wishes event raises \$1,800, draws 200

Linda Kunick, an LIA member, elected President of People First of Ohio

Lindsay Brillhart, MR/DD Advocacy Support staff, elected Secretary of People First of Ohio

ISIS operational, old computer system- CTOS- finally retired

Frederick A. Breyer School closes after 30 years

Speaking Up newsletter became part of the newsletter circulation at the Public Library of Cincinnati and Hamilton County

Lynn K. Sundermann ends 12 years of service as a board member

Annual banquet draws more than 400 for 5th year

Arc of Hamilton County celebrates 60 years of service

Individual Budgets available for all

Futures Group starts to move agency to next level of self determination

Rost School celebrates 25 years of service

Megan Sexton named Disney Teacher of the Year

First "Speaking of Women's Health" all-day session for women with disabilities by grant from National Speaking of Women's Health organization

New Support Center building purchased at 1520 Madison Road

1st Day Program provider fair held

Department of Community Services begins Community Links program with Joe Erpenbeck as lead (ABCD)

National Association of Counties achievement award received for implementation of self determination

CARA became a nonprofit organization

New satellite starts at Rees E. Price Academy with Cincinnati Public Schools – joining satellites at Amity Elementary in Deer Park, Reading Hilltop Elementary, Deer Park Junior High School, and Miamitown Elementary

Consolidation process from three schools (closing of Breyer) into two schools (Fairfax and Rost) is completed

St. Joseph Home opens new respite center, completes renovations of existing cottages

Web site revised to include expanded information for families, individuals – address changed to www.hamiltonmrdd.org

EPAT worked intensely with Help Me Grow to dramatically reduce county-wide waiting list for Early Intervention services

A student curriculum was developed that supports all aspects of self determination to be used in agency operated schools.

2007

Quality Assurance/MUI/Training Department significantly reorganized nearly all-new staff, Charlie Stenken becomes new director

Michael Rensch, Director of Community Services, moves to ODMR/DD;

Marti Estep replaces Michael

Cindi Andrews, Julie Holt and Pat Leary join the board as new members

Support Center moves from Blue Ash to East Walnut Hills

Behavior Support Futures Group initiated

Advocacy Leadership Network (ALN) formed

ALN and Cheryl Phipps deliver keynote address to statewide Arc

Conference on self determination and to PAR on the history of MR/DD services

Activity Supervisors are hired for each adult center to develop appropriate recreation and leisure opportunities.

My Life! My Way! My Choice! Curriculum is written and copyrighted

Wellness for Life Curriculum is developed by agency nurses for use in adult centers

North Star group formed to lead initiative to provide services that are free from unnecessary restraint and seclusion

Classroom for students with autism formed at Fairfax School

Blue Ribbon Group formed, training self advocates how conduct satisfaction interviews with other people receiving services.

Joe Erpenbeck, Asset Based Community Development (ABCD) Coordinator, presents at national TASH conference in Seattle.

Kim Hauck became a member of the Advisory Board for the Special Education Department at the University of Cincinnati.

2nd Wheels for Wishes CARA fundraiser nets about \$2,200

2nd Speaking of Women's Health Day with grant from Speaking of Women's Health Foundation for women with disabilities

2008

Commissioner David Pepper tours adult center and school; newly-elected Commissioner Greg Hartmann tours

Quality Assurance Department renamed Quality Improvement. Director Charlie Stenken retires. Alice Pavey hired as new director.

10th year anniversary of "Leaders In Action," advocacy group that now has over 100 active members and many awards and accomplishments

General Assembly, Inc., celebrates 35 years

New members of Tax Levy Review Committee (TLRC) tour Jackson Adult Center

2nd year of staff and individuals' participation in the Hope & Possibility Walk attached to the Flying Pig Marathon

Collaboration with the Council on Aging begins for a music therapy program using Clavinovas

Peggy Kurz, Director of Adult Services, appointed chair of the State Behavior Support Advisory Committee.

Seven staff and advocates present at "Building A Better Tomorrow" best practices conference in Kansas City

QI/MUI Department combines with Community Services Department; Marti Estep retires and Alice Pavey becomes Director of the combined department, now called Community Services

Peggy Kurz, Director of Adult Services, selected as 2008 Public Administrator of the Year by the American Society for Public Administration (ASPA), Greater Cincinnati Chapter

Autism Respite program begins, partnering with Ohio Valley Residential Services, Kelly O'Leary Center, Residential Management Systems (RMS) and Arc of Hamilton County.

Agency receives second five-year accreditation from the Ohio Department of MR/DD – **first in the state to do so!**

Satellite classroom at Miamitown Elementary wins *Rooted in Hope* award from the Autism Society of Greater Cincinnati.

Cheryl Phipps, Superintendent, receives Kenneth J. Legats Lifetime Achievement Award for Visionary Leadership at the Ohio Association of County Boards of MR/DD annual convention.

Launched a bold and inclusive strategic planning process to identify "What Matters Most" to people with disabilities and their families. Used café conversations and other creative methods to identify five core themes for 2008-2014.

Early Intervention classroom at Carll Street moved to Concordia Church in the central region

The Evaluation Planning and Assessment Team (EPAT) implemented a new eligibility tool called the Battelle

Hamilton County Early Intervention and Help Me Grow was 100% compliant in timely receipt of services (families receiving service they choose) and 95% compliant for the 45 day timeline (evaluation and first IFSP completed).

Itinerant Support Team begins a new initiative with two school districts focusing on the needs of the educational staff as they continue to meet the needs of a changing, challenging student population.

Mrs. Strickland, First Lady of Ohio, visited Support Center

The Transition Team was selected to participate in a pilot with Ohio Center for Autism and Low Incidence (OCALI). The team included a family member, administrator, transition coordinator and teacher.

Kim Hauck appointed regional representative to Ohio Association for Services to Children (OASC)

3rd annual Speaking of Women's Health Day

3rd Wheels for Wishes CARA Fundraiser nets about \$4,400

7th Annual Agency banquet draws more than 400

2009

CARF survey results in re-accreditation for three more years, with seven exemplaries and an additional 24 strengths noted

People for MR/DD Services formed to oversee levy fundraising

8th Annual Agency Banquet draws record crowd of 425

4th Wheels for Wishes Fundraiser nets more than \$3,000

Agency wins three Ohio Public Images awards for “Live! For the MR/DD Levy” fundraising event, redesigned web site, Advocacy in Media Committee of CARA

Agency recognized with Above and Beyond Award for employer support of the National Guard and Military Reservists

8th MR/DD Levy passed in November with 68% of the vote, the highest percentage since 1974.

Agency name changed to Hamilton County Developmental Disabilities Services in response to legislation passed to “remove the R word” from the names of state agencies.

Agency wins the Cincinnati Business Courier’s “Best Places to Work” Award in the Grand Category for employers with over 600 employees.

2010

Agency holds 9th Annual Awards Banquet with the largest attendance ever.

Agency wins Ohio Public Images awards in the categories of Audio-Visual Productions, Special Event or Public Relations Effort and Self-Advocacy

4th Annual Wheels for Wishes event raises over \$4800

Agency named one of the top 10 finalists in Cincinnati Enquirer Best Places to Work

Agency wins three awards from the National Association of Counties (NACO) for Vision 2014, the Co-Occurring Resource Group and the Emergency Preparedness Initiative

Agency wins Public Relations Society of America Blacksmith Award for Levy Campaign and Silver Award for Levy Commercial.

Advocacy Leadership Network members successfully lobby Hamilton County Commissioners and Cincinnati City Council to remove the word “Handicapped” on all new signage. “Accessible” and the universal accessibility logo will be used instead.

Self Advocates Robert Shuemak and Linda Kunick appointed to Ohio Developmental Disabilities Council.

2011

Agency holds 10th Annual Awards Banquet with record attendance of over 500 people.

5th Annual Wheels for Wishes event raises over \$5400.

Cheryl Phipps retires as Superintendent. Alice Pavey appointed Superintendent by the Board.

2012

CARF survey results in re-accreditation for three more years

Moving Toward Integration in Everything We Do
Hamilton County Developmental Disabilities Services
Strategic Plan
2014 - 2019

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 - Building on Recent Accomplishments
 - Trends & data
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“The future depends on what you do today.”

— [Mahatma Gandhi](#)

Executive Summary

Hamilton County Developmental Disabilities (DD) Services has a long tradition of quality and innovation. Since our inception, we have continuously innovated and evolved our services to respond to the needs of people with disabilities and their families. This Strategic Plan continues this tradition and positions the organization to face the challenges and opportunities of the future.

Two Guiding Principles will function as our north star for the next five years. These principles will be reflected in all our strategies. These Guiding Principles are:

1. **Move toward integration in everything we do:** Across the United States, the separation and segregation of people with disabilities has been part of our history. In Hamilton County, we know we can continue to build a new legacy of including and integrating people with disabilities in all aspects of community life. This Plan reflects our intention to support this move toward integration in everything we do.
2. **Build the capacity of community organizations to meet the needs of people with disabilities:** Hamilton County DD Services cannot “be all things to all people with disabilities”. We intend to honor our mission and commitments to people with disabilities, while also building the capacity of other community organizations and associations to become better able to welcome and serve people with disabilities who have a need for those services. This Guiding Principle will assure that Hamilton County DD Services uses its resources in a targeted and effective way to provide services that are not available elsewhere.

The first pages of this Plan share more of the story about how these Guiding Principles emerged and how they will guide the future of our work.

The Four Strategic Focus Areas will strengthen our attention and concentrate our efforts on a few strategic issues. Each is responsive to national and state trends and positions Hamilton County DD Services to continue its legacy of innovation. The Four Strategic Focus Areas are:

- *Promote Employment First*
- *Work with Community Partners to Build Capacity for a Growing Number of Aging Caregivers and People with Disabilities*
- *Strengthen Community Partnerships to Improve Health and Behavioral Health*
- *Manage Resources Fairly and Wisely.*

This Plan sets a high bar. It sets the expectation that we will continue to do all we can to make it possible for people with disabilities to enjoy the opportunities and experiences available to any citizen.

We are grateful for the assistance and support of our stakeholders in the development of this plan. We look forward to working in partnership to build better futures for people with disabilities and their families.

-----Alice and Board Chair Photo here-----

**HAMILTON COUNTY DD SERVICES
STRATEGIC PLAN AT A GLANCE
2014 – 2019**

Two Guiding Principles

- ✓ Move toward integration in everything we do
- ✓ Build the capacity of community organizations to meet the needs of people with disabilities.

Focus Area #1: Promote Integrated Employment Opportunities

Commitments:

1. Provide each person of working-age receiving services from DDS with an opportunity to identify strengths, interests, preferences, and desired outcomes for community employment.
2. Collaborate with school districts to support students with disabilities to prepare for community employment.
3. Provide information to people with disabilities, families, schools, employers and providers about resources and opportunities to facilitate community employment.
4. Increase the number of people engaged in community employment.
5. Align DDS structures, processes and resources to support Integrated Employment.

Focus Area #2: Work with Community Partners to Build Capacity for a Growing Number of Aging Caregivers and People with Disabilities

Commitments:

1. Develop new partnerships and new models of housing and supports that are responsive to the needs of aging caregivers and people with disabilities.
2. Build partnerships to support aging caregivers to plan for the future of their family members with a disability.
3. Build a strong partnership with the Council on Aging of Southwestern Ohio so that aging caregivers and people with disabilities have access to community resources.
4. Develop data systems that generate good information about aging caregivers and people served by DDS who are aging.
5. Build the capacity of providers of community services to seniors to welcome and include seniors with disabilities.

Focus Area #3: Strengthen Community Partnerships to Improve Health and Mental Health

Commitments

1. Invest in efforts that promote wellness and build resilience.
2. Investigate health and behavioral health “hot spots” and plan collaborative actions to improve health outcomes and reduce costs.
3. Build the capacity of DDS, partner organizations and provider organizations to offer best practice supports to people with disabilities who have experienced trauma.

Focus Area #4: Manage Resources Fairly and Wisely

Commitments

1. Align HCDDS structures, processes, and resources with the Strategic Plan.
2. Invest in technology and analytics to collect, analyze, and use data to promote quality services and efficient use of resources.
3. Partner with state departments and other entities to promote efficiencies.
4. Develop and communicate procedures for fair distribution of resources.

How We Developed This Strategic Plan

Vision 2014: A Diverse Stakeholder Group Leads the Way

After completion of the 2008 - 2014 Strategic Plan, Hamilton County DD Services established a group called Vision 2014. The purpose of this group is to guide the implementation of the current plan, stay abreast of trends and issues that impact the lives of people with disabilities, and help create the next plan. Vision 2014 members include people with disabilities, family members, provider and partner organization staff, and Hamilton County DD Services staff.

Beginning in the fall of 2012, Vision 2014 hosted a number of Futures Forums to lay the groundwork for the development of the 2014- 2019 Strategic Plan. We invited experts from near and far to share information on trends, issues, options, and best practice models. Information about these forums was distributed widely. They created opportunities for lively conversations and launched small workgroups to study these issues in more depth.

At these forums we heard from leaders at the Ohio Department of Developmental Disabilities about trends related to Employment First and the movement away from institutional service models. We learned about managed care and the changing health care delivery system. We studied federal court decisions that emphasize the importance of integration in all services for people with disabilities. We learned about changing demographics – including the growing number of people with disabilities and their caregivers who are aging, the increase in rates of autism, and the health disparities and mental health concerns experienced by people with disabilities.

Guiding Principles and Focus Areas Emerge

After a year of listening, learning, and study, some patterns began to emerge. The importance of moving toward integration in everything we do and building the capacity of community organizations to meet the needs of people with disabilities became central to all the conversations. We also recognized the need to strategically focus on four areas over the next five years:

- Promote Employment First
- Work with Community Partners to Build Capacity for a Growing Number of Aging Caregivers and People with Disabilities
- Strengthen Community Partnerships to Improve Health and Mental Health
- Manage Resources Fairly and Wisely

Advocacy Leadership Network Hosts Six Café Conversations

After drafting these two Guiding Principles and Four Strategic Focus Areas, the Advocacy Leadership Network (ALN) - an advocacy organization comprised of leaders with disabilities – worked with partner agencies to host six strategy Café Conversations in locations across the county. Thanks to the leadership of ALN, over two hundred people engaged in conversation about the draft strategic plan. People with disabilities, their families, staff and friends shared ideas and insights that have significantly shaped the development of this plan. Throughout this plan document you will see photos from these Café Conversations. As you will see, these images illuminate our understanding and inspire our commitment to work hard so that people with disabilities and their families have the future that they deserve.

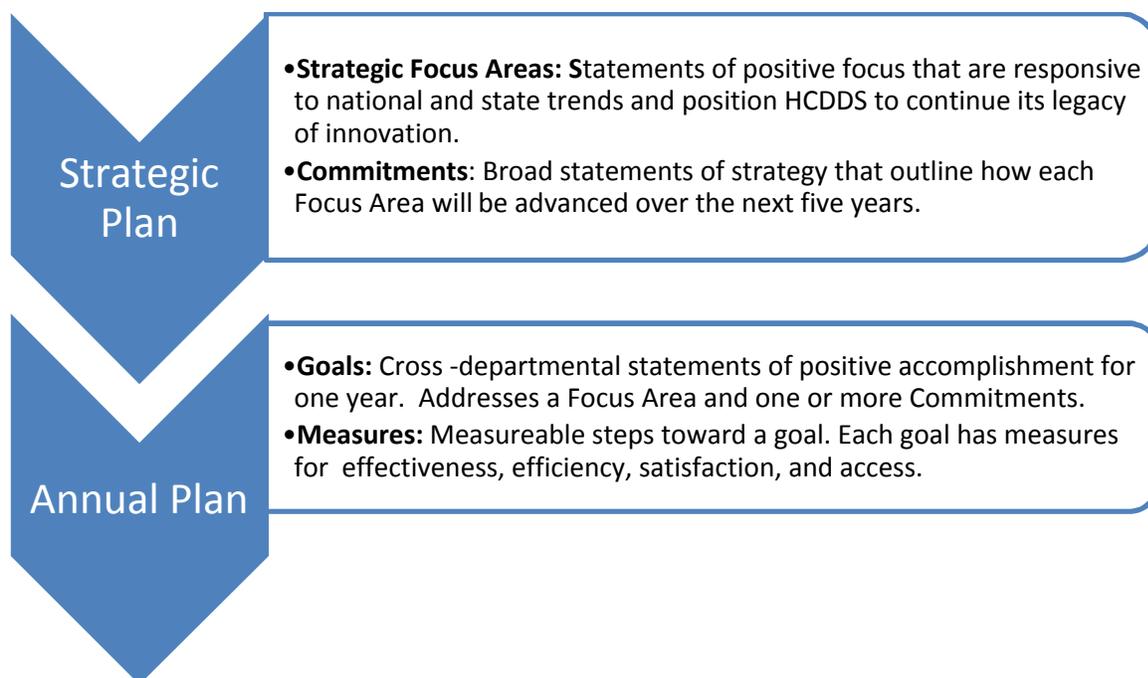
--- photo of café conversation flyer ---

Framework for this Plan

Included in this Strategic Plan is a description of the Commitments for each of the Four Strategic Focus Areas. These Commitments outline the strategies that will guide our work in each Focus Area for the next five years.

The Strategic Plan sets the direction for development of the Annual Plan. Goals and Measures will describe the work of cross-departmental teams will engage in to assure that each Focus Area and Commitment moves forward each year.

The Framework for the Strategic Plan looks like this:



Guiding Principle: Move Toward Integration in Everything We Do

The Americans with Disabilities Act (ADA) is a law that was enacted by the US Congress in 1990. The ADA is a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964.

In its 1991 rulemaking implementing Title II of the ADA, the U.S. Department of Justice defined the most integrated setting appropriate to the needs of qualified individuals with disabilities” as “a setting that enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” The Department of Justice reinforced this definition in 2011 when it issued a statement on enforcement of the integration mandate of Title II of the ADA and Olmstead and described the following additional characteristics of integrated settings as:

- ✓ Provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities
- ✓ Are located in mainstream society
- ✓ Offer access to community activities and opportunities at times, frequencies and with persons of an individual’s choosing
- ✓ Afford individual’s choice in their daily life activities
- ✓ Provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible.

The ADA and the U.S. Department of Justice rulings have changed the landscape across the country. All states, including Ohio, must show that they are living up to these federal requirements. The Ohio Department of Developmental Disabilities has emphasized its commitment to integration by establishing an Employment First Initiative. As part of this Initiative, state agencies providing supports and services to Ohio’s individuals with developmental disabilities are “required to align policies and procedures to support community employment and fulfill the Employment First requirement that community employment is the preferred outcome for working-age adults” (Employment First Initiative Web Site)

This Plan demonstrates our intention to be responsive to these national and state laws and initiatives by aligning our resources and structures to promote integration. We will support organizations to learn about and move toward best practices that support integration. “Moving toward integration” is a guiding theme of this Plan, and a guiding idea for our work together over the next five years.

Guiding Principle: Build the capacity of community organizations to meet the needs of people with disabilities.

It sounds obvious: build the capacity of community organizations to meet the needs of people with disabilities. But as the saying goes, “It may be common sense, but it’s not common practice”. All too often in the past, we have used our resources to provide services to people with disabilities that they were entitled to receive elsewhere. There were good reasons for this in the past: people with disabilities were often excluded from traditional community services. Community organizations often felt ill-equipped to serve people with disabilities.

Over time, many community organizations have grown in their willingness and ability to serve all citizens – including those with disabilities. Along this same time, resources available to County Boards of DD have significantly decreased, while those needing services have increased. Now more than ever, it’s important for us to be mindful of how our limited resources are expended.

Over the next five years, we will be guided by this principle of building the capacity of community organizations. Particularly as we address the focus areas of employment, health and mental health, and aging, we will be enlisting strategies of collaboration and coordination with community partners who have expertise in these areas.

Focus Area #1: Promote Integrated Employment Opportunities

Building on Recent Accomplishments

Hamilton County DD Services was one of the first large counties to join Bridges To Transition. Bridges is a partnership with the Vocational Rehabilitation Public Private Partnership grant program, funded by County Boards of Developmental Disabilities and coordinated by the Opportunities for Ohioans with Disabilities Agency.

The goal of Bridges is to expand career exploration and employment options for transitioning youth (ages 14-22) with developmental disabilities. Bridges seeks to enhance career exploration options and increase employment outcomes by developing a collaborative network of services that will assist students in achieving their employment goals.

In our first year in Hamilton County, we supported two very successful summer job programs, through King's Island and the Oaks, leading to some students being employed. These successes helped family members and teachers think differently about employment possibilities and creative customized employment for transitioning youth who have more significant disabilities.

Over the past several years, we have encouraged providers to take a strengths - based approach to discover vocational interests for people served. We have supported the use of person centered planning approaches to engage teams in meaningful discussion of sustainable employment options.



Trends and Data

Across the nation, there has been a movement, initiated and led by self-advocacy groups, to make integrated employment a possibility for all citizens with disabilities. This movement is grounded in the Supreme Court ruling that institutional isolation of a person with a disability is a form of discrimination under Title II of the ADA.

In Ohio, the draft Employment First Rule requires County Boards to:

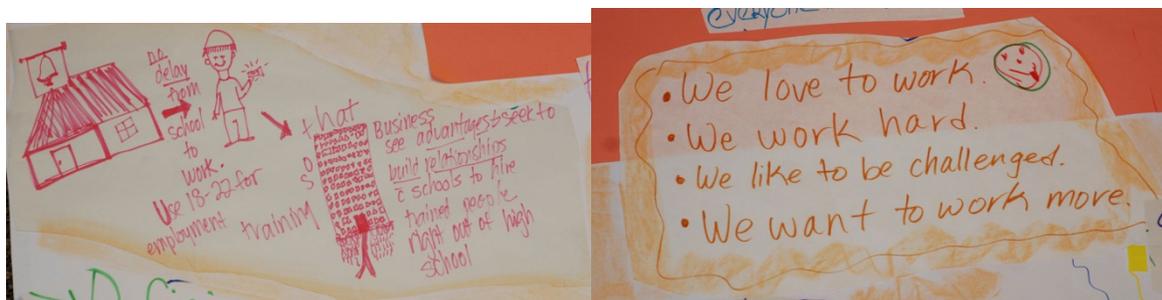
- ✓ Adopt and implement a local policy which clearly identifies community employment as the desired outcome for every person of working age.
- ✓ Outline its strategies and benchmarks for increasing community employment
- ✓ Collaborate with school districts
- ✓ Disseminate information to people served and families about resources and opportunities

Hamilton County DD Services' strategic focus on Promoting Integrated Employment Opportunities is in direct response to these legal and moral imperatives. We join our community partners in building capacity to support the Employment First Initiative and expand integrated employment opportunities.

----- insert Integrated Employment rate map (Hamilton 16% below state average)

NATIONAL CORE INDICATOR (NCI) DATA ON EMPLOYMENT FOR PEOPLE WITH DISABILITIES IN OHIO

- 20% have jobs in the community (27% is the national average)
- 52.7% don't have jobs in the community but would like one (46.4% is national average)
- 18.4% have integrated employment as a goal on their service plan (23.3% is the national average)



Commitments

Over the next five years we will use these approaches to move forward in our efforts to promote integrated employment opportunities:

1. Provide each person of working-age receiving services from Hamilton County DD Services with an opportunity to identify strengths, interests, preferences, and desired outcomes for community employment.
2. Collaborate with school districts to support students with disabilities to prepare for community employment.
3. Provide information to people with disabilities, families, schools, employers and providers about resources and opportunities to facilitate community employment.
4. Increase the number of people engaged in community employment.
5. Align Hamilton County DD Services' structures, processes and resources to support integrated employment.
6. Find best practice models for supporting employment and meaningful community experiences for people with significant intellectual/developmental disabilities.

Focus Area #2: Work with Community Partners to Build Capacity for a Growing Number of Aging Caregivers and People with Disabilities

Building on Recent Accomplishments

Over the past several years, we have developed thriving partnerships with Hospice of Cincinnati, the Council on Aging of Southwestern Ohio, and community housing partners. All these initiatives emerged in response to the need for partnership in supporting the growing number of aging caregivers and people with disabilities.

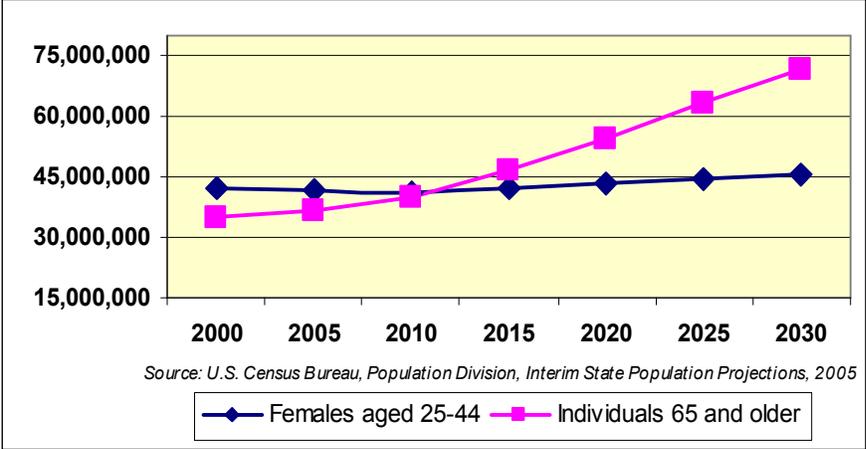
- ✓ Members of the Advocacy Leadership Network and Hospice teamed to develop and adapt grief groups that are accessible for people with disabilities as well as informed by best practice hospice approaches. As a result, a growing number of people who have lost a family member have benefitted from grief support. This successful model has been shared statewide.
- ✓ Home Think Tank is a grassroots initiative aimed at creating accessible and affordable homes for citizens in Hamilton County. Home Think Tank is hosted by Hamilton County DD Services. In response to trends in aging caregivers, Home Think Tank hosted a series of forums exploring alternative, creative housing and support options so families can be proactive in planning housing options for their family member with a disability. Because of these efforts, many Home Think Tank community partners have become better informed about the need for housing that accommodates the needs of aging caregivers and aging citizens with disabilities.
- ✓ Hamilton County DD staff have studied and co-presented on dementia with our partners from Council on Aging of Southwest Ohio. We know that, by sharing resources and expertise, we better support people who are aging with and without disabilities.
- ✓ Families have been offered support in planning for the future. As part of the Families in the Know Services, Hamilton County DD Services offered a session on “Framework for Future Planning”.

Trends and Data

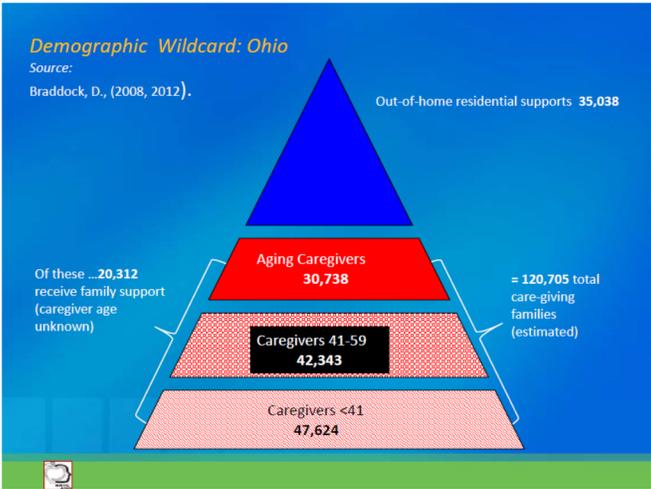
By 2020, the population of Americans age 55 to 64 will have grown an unprecedented 73 percent since 2000. For people with disabilities and their families, the impact is profound:

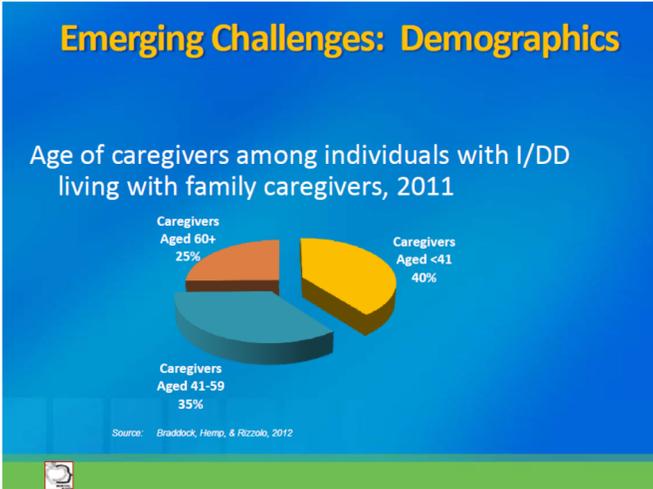
- ✓ Based on the ages of people entered in the Hamilton County DD Services Gatekeeper data system, the number of people served by Hamilton County DD Services age 66 and older will almost double in five years, more than triple in ten years, and increase almost five times in fifteen years.
- ✓ The number of people supported by Hamilton County DD Services ages 61-65 living at home with caregivers ages 80 and over will almost triple over the next five years.
- ✓ The number of people age 50 and older supported in the Adult Centers (Franks, Beckman, Jackson, and Kidd Centers) will increase dramatically over the next decade. Estimates are that the number age 66 and older will double in 5 years, more than triple in 10 years, and increase by six times in 15 years.
- ✓ Estimates are that about half of adults with disabilities are for “dual eligible” for Medicare and Medicaid. Beginning in 2014, new efforts like the Integrated Care Delivery System (ICDS) Pilot will begin to dramatically shift the way health care is coordinated for these “dual eligibles”. Estimates are that about 1500 adults supported by Hamilton County DD Services are dual eligible and potentially impacted by the ICDS Pilot and other health care reform efforts.
- ✓ As the workforce of direct support professionals ages and retires over the next decade, the availability of direct support workers will decrease significantly.
- ✓ Alzheimer’s Disease is expected to impact about 12% of people over age fifty. The number of people with disabilities impacted by Alzheimer’s Disease will grow rapidly over the next few years of this strategic planning cycle.

Workforce

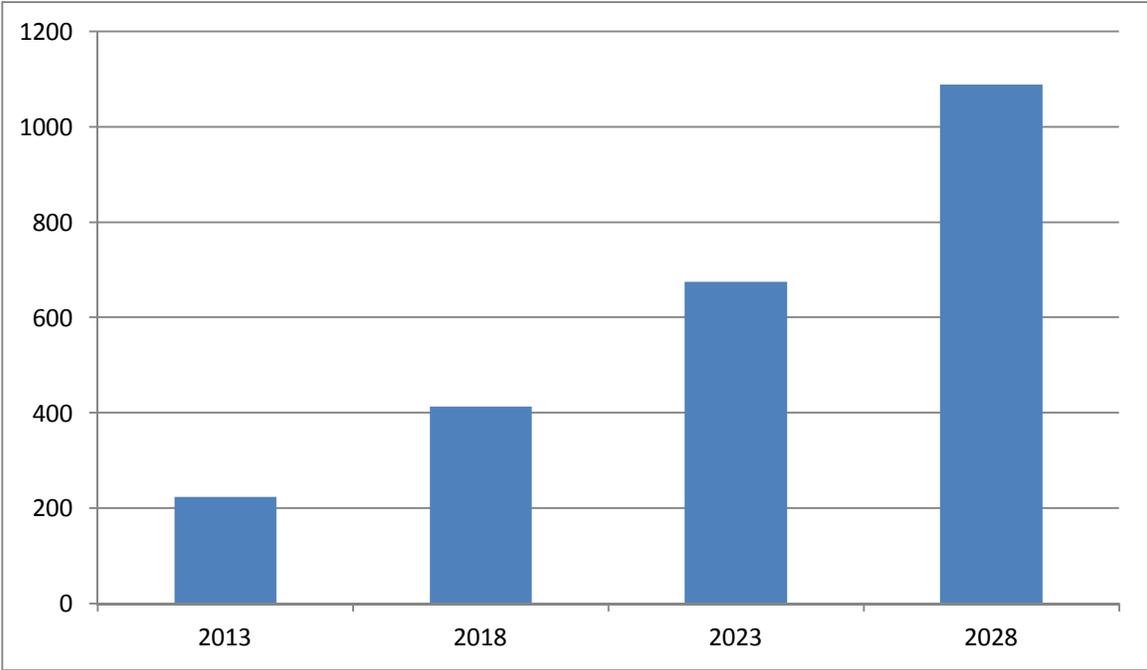


- Currently there are about as many people over 65 as there are females aged 25-44.
- Over the next 10 years there will be far fewer workforce age women than there are people over 65
- As the general population ages, there will be more demand for workers to provide support. There will be greater competition for fewer employees.





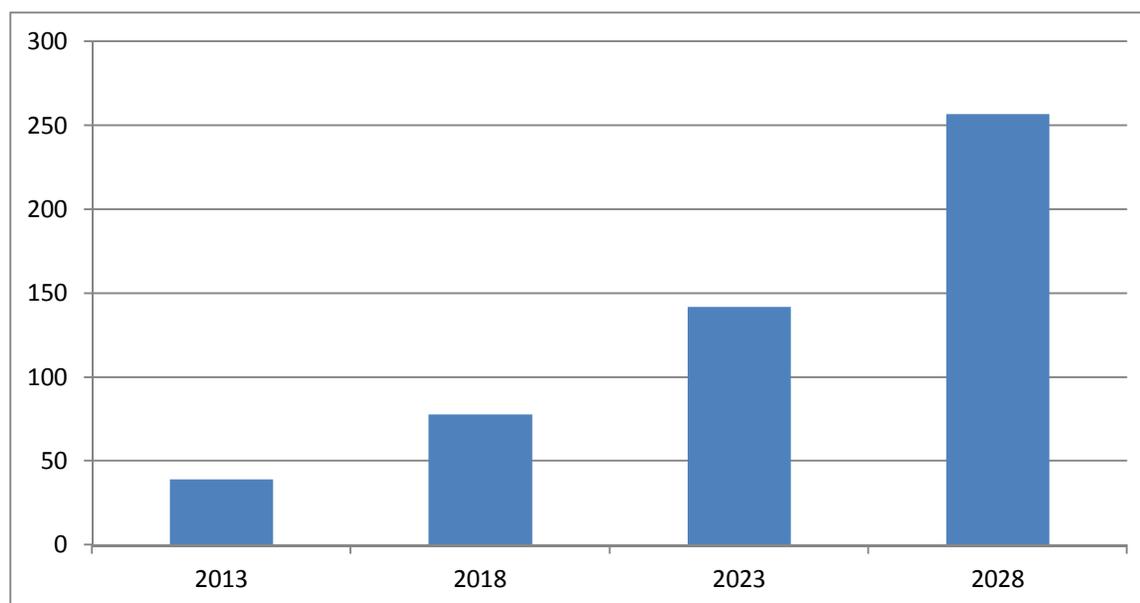
Growth in Age 66 and Older – All Adults Receiving Services via HCDDS Over the Next 15 Years



Based on the ages of people entered in Gatekeeper (data system), the number of people age 66 and older will almost double in 5 years, more than triple in 10years, and increase almost 5 times in 15 years.

*Data is approximate. Data is based on number in Gatekeeper (data base). Some in this number receive Information & Referral Services or Service Facilitation but not day or residential services. Projections are based on the assumption of constant enrollment (no one entering or exiting the system).

**Growth in Adult Center Participants Age 66 and Older
Over the Next 15 Years**



Numbers are approximate, based on age of participants in 2013, assuming constant enrollment (no one entering or existing adult centers). Based on these assumptions, the number age 66 and older will double in 5 years, more than triple in 10 years, and increase by six times in 15 years.

Commitments

These trends and data call for thoughtful and timely implementation of creative approaches. These Commitments will position us to strengthen partnerships and meet the needs of a growing number of people with disabilities and their caregivers who are aging.

1. Develop new partnerships and new models of housing and supports that are responsive to the needs of aging caregivers and people with disabilities.
2. Partner with UCEDD to support aging caregivers to plan for the future of their family members with a disability.
3. Build a strong partnership with the Council on Aging of Southwestern Ohio so that aging caregivers and people with disabilities have access to community resources.
4. Develop data systems that generate good information about aging caregivers and people served by DDS who are aging.
5. Build the capacity of providers of community services to seniors to welcome and include seniors with disabilities.

Focus Area #3: Strengthen Community Partnerships to Improve Health and Mental Health

Building on Recent Accomplishments

For too long the mental health concerns of people with disabilities have been disregarded. Over the past decade there has been significant improvement in the understanding of mental health issues and advances in interventions to address these issues. Some of our recent accomplishments reflect these advances:

- ✓ A “Multi-Systems Team” of Service Facilitators was created in 2013 to specialize in supporting people served by who experience a co-occurring mental health and developmental disability. Multi-Systems Team Service Facilitators have learned best practice, trauma- informed approaches to serving those with the most complex support needs. Team members began developing solid partnerships with mental health organizations, court representatives, and others.
- ✓ Hamilton County DD Services was awarded a “Strong Families/Safe Communities” grant of \$703,000 in 2013. This two-year grant award offers an opportunity to pool expertise and resources in order to better meet the needs of people with disabilities who experience mental health issues. Grant funds are targeted for the development of wrap around services for some Multi-Systems Team participants, advancement of evidenced - based practices, trauma training and consultation, and therapeutic respite.
- ✓ Project Care represents another successful partnership that builds the health and mental health of people with disabilities. Hamilton County DD Services joined the YWCA, The Center for Independent Living Options, and Women Helping Women to provide accessible, informed support for survivors with developmental disabilities who have experienced domestic violence. Project Care has developed and delivered trainings for staff, developed an assessment tool to identify survivors, and created a risk reduction curriculum for people with disabilities.
- ✓ In collaboration with our mental health partners, we have created an adapted Dialectical Behavioral Therapy (DBT) approach to support individuals through group and individual therapy. DBT helps people build skills to manage difficult emotions.
- ✓ Hamilton DD Services is launching an evidence-based wellness program to support the health and awareness of direct support professionals so that they can better support health and wellness for people they serve. This project has been developed in collaboration with the University of Cincinnati University Center of Excellence in Developmental Disabilities (UCEDD).

Trends and Data

National data and Ohio data underscore the urgency of addressing the health and mental health needs of people with disabilities:

- ✓ Human Services Research Institute (HSRI), a leading national research organization, reports that about one third of people with intellectual disability/developmental disability have a co-occurring mental health issue.
- ✓ Research indicates that people with ID/DD experience significant health disparities, including more unmet health care needs and fewer preventative services
- ✓ National Core Indicator (NCI) data reveals that people with disabilities who live in Ohio are exercising less often than those who live in other states
- ✓ People with disabilities who receive care via Home and Community Based (HCBS) waivers have twice the rate of avoidable hospitalizations as other citizens.
- ✓ People with disabilities are 4 to 10 times more likely than the rest of the population to be abused.
- ✓ Unrecognized and untreated abuse and trauma is associated with lifelong health and mental health concerns. When recognized and addressed, people can recover and build good life skills.

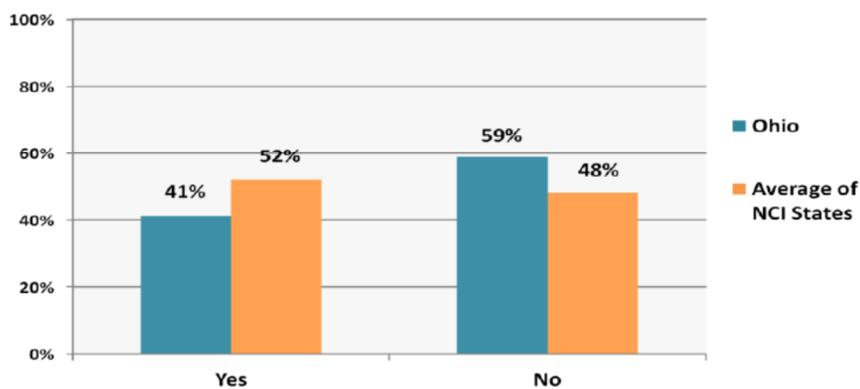
Health Disparities of Adults with DD

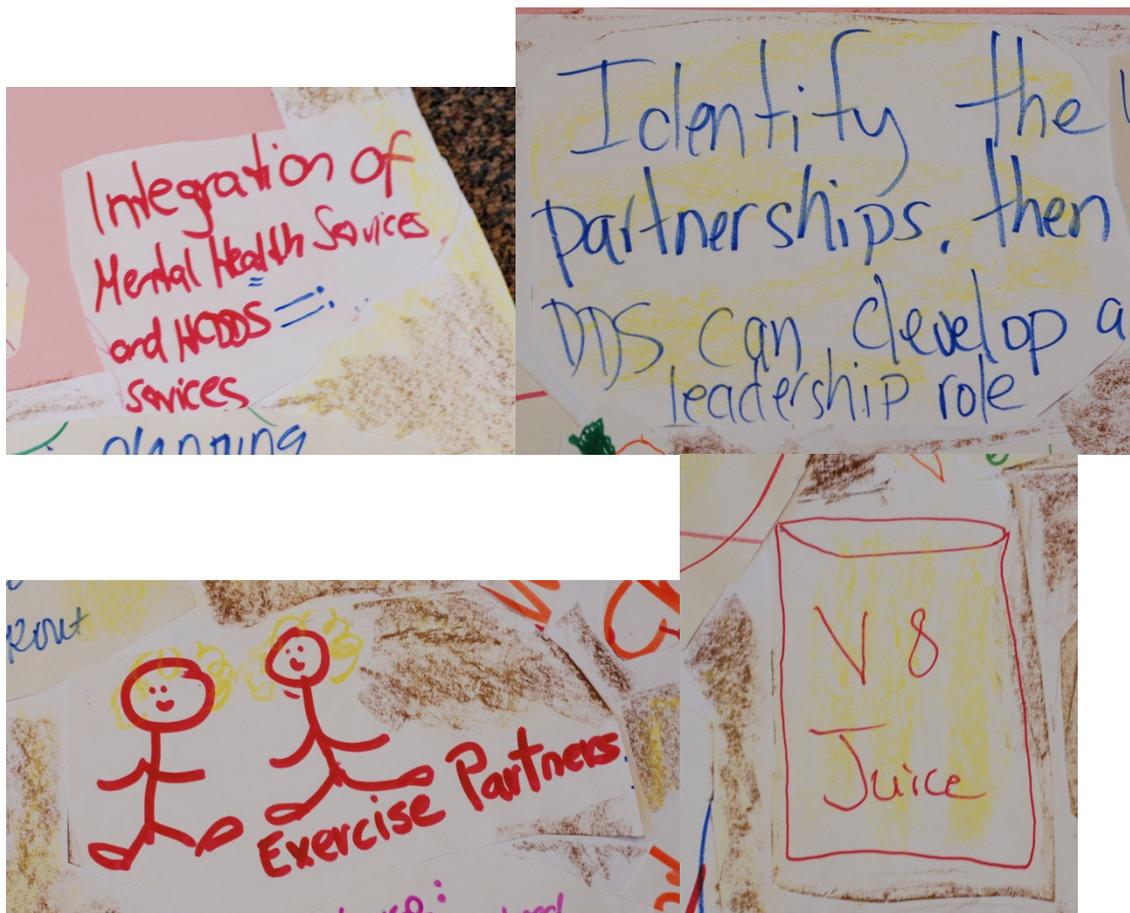
- More secondary conditions
- More unmet health care needs
- Restricted opportunities
- Poorer access to good health care
- Fewer preventive/health promotion programs
- More sexual and other abuse (67%) *

*Powers et al., 2002)



Went Out For Exercise In the Past Month





Commitments

The trends and data associated with health and mental health care for people with disabilities constitute a call for action. Over the next five years, Hamilton County DD Services makes these commitments:

1. Invest in efforts that promote wellness and build resilience.
2. Investigate health and behavioral health "hot spots" and plan collaborative actions to improve health outcomes and reduce costs.
3. Build the capacity of DDS, partner organizations and provider organizations to offer best practice supports to people with disabilities who have experienced trauma.

Focus Area #4: Manage Resources Fairly and Wisely

Building on Recent Accomplishments

The importance of managing resources fairly and wisely is more critical than ever before. People with disabilities, their family members, and the citizens of Hamilton County deserve assurance that federal, state, and local tax dollars are managed so that people with disabilities get high quality services that deliver necessary outcomes. As the demand for services continues to grow, it's important to assure that resources are distributed fairly among those who request them.

Over the past few years, Hamilton County DD Services has made multiple investments designed to meet budget constraints and free up resources for critical services. These accomplishments include:

- ✓ Conducting an extensive analysis of the waiting lists in order to learn more about current and future needs for services
- ✓ Adopting organizational assessment tools to streamline processes, eliminate waste, and create efficiencies
- ✓ Improving systems for data collection and analysis to inform better forecasting and decision-making
- ✓ Streamlining services to improve efficiencies

Trends and Data:

- ✓ The waiting list for waiver services continues to grow at an increasing rate.
- ✓ 2012 American Community Survey (Census Bureau) shows that over 40% of Hamilton County households have an income in the last 12 months of \$34,900 or less. As more families experience financial stress, the demand for services is likely to grow. At the same time, other government and social service agencies have collectively experienced shrinking resources and budget uncertainties, increasing the demand on Hamilton County DD Services.
- ✓ The number of people receiving waiver services has grown dramatically over the past 10 years. This growth in waivers has resulted in significant additional management responsibility to assure that the funds are managed in accordance to federal and state requirements.
- ✓ The Technical Assistance Collaborative (TAC) 2012 "Priced Out" report shows that people who rely solely on SSI income are 30% below the federal poverty level of \$11,170. This trend further emphasizes the need for partnership to pool resources and expertise as well as promotion of efficient use of resources.

Graphs:

"Between state fiscal years (SFY) 2002 and SFY 2013, GRF appropriations to County Boards of DD have decreased by 18% (real dollars comparison)" OACB

DD Board Levy Revenue has been essentially flat (in real dollars) over the last 10 years while waiver enrollment has increased by nearly 300%." OACB



Commitments

As this Strategic Plan demonstrates, it is important to continue to evolve our services in ways that respond to changing trends and demographics. Doing so requires that we align our resources with the Commitments of this Strategic Plan.

1. Align HCDDS structures, processes, and resources with the Strategic Plan.
2. Invest in technology and analytics to collect, analyze, and use data to promote quality services and efficient use of resources.
3. Partner with state departments and other entities to promote efficiencies.
4. Develop and communicate procedures for fair distribution of resources

Draft Strategic Plan and Annual Plan Summary
Guiding Principles

Move toward Integration in Everything We Do

Build the capacity of community organizations to meet the needs of people with disabilities

Focus Area: Promote Integrated Employment Opportunities for people with and without disabilities to work together.

Commitments:

1. Provide each person of working-age receiving services from DDS with an opportunity to engage in a process of identifying strengths, interests, preferences, and desired outcomes for community employment.
2. Collaborate with school districts to support students with disabilities to prepare for community employment.
3. Provide information to people with disabilities, families, schools, employers and providers about resources and opportunities to facilitate community employment.
4. Increase the number of people engaged in community employment.
5. Align DDS structures, processes and resources to support Integrated Employment.

2014 Annual Plan Goals

1. Expand the membership of Employment First collaborative to implement the Employment First Policy.
2. Create a data system to identify transitioning students getting community employment.
3. Increase, by 15%, the number of transitioning youth, receiving our transitions services, who are employed in the community.
4. 75% of transitioning youth receiving our transition services who have been employed for 6 months will report satisfaction with current employment.
5. Provide at least 4 community career exploration opportunities for 15 individuals, per HCDDS adult center, who are unsure about community employment.
6. At least one individual who participated in career exploration, per adult center, will express desire to obtain community employment.
7. 90% of people participating in career exploration report satisfaction with activities.
8. Advocacy Leadership Network will meet at least 4x per adult center to discuss the value and experience of community employment with individuals who are unsure about community employment

Focus Area: Work with Community Partners to Build Capacity for a Growing Number of Aging Caregivers and People with Disabilities

Commitments:

1. Develop new partnerships and new models of housing and supports that are responsive to the needs of aging caregivers and people with disabilities.
2. Partner with UCEDD to support aging caregivers to plan for the future of their family members with a disability.
3. Build a strong partnership with the Council on Aging of Southwestern Ohio so that aging caregivers and people with disabilities have access to community resources.
4. Develop data systems that generate good information about aging caregivers and people served by DDS who are aging.
5. Build the capacity of providers of community services to seniors to welcome and include seniors with disabilities.

Draft Strategic Plan and Annual Plan Summary

2014 Annual Plan Goals

1. Use best practices to assist at least 20 families with aging caregivers to develop an action plan for the future of their family member.
2. All service facilitators will demonstrate competence with facilitating conversations with aging caregivers to assist them with future planning.
3. 90% of people interviewed will indicate “very satisfied” with facilitated conversations about future planning.
4. Create a data system to identify numbers and needs of aging caregivers.
5. Connect 80 seniors served by DD services and/or aging caregivers with existing senior services.

Focus Area: Strengthen Community Partnerships to improve health and behavioral health

Commitments

1. Support DD providers who successfully promote the health and behavioral health of people served by their organization. Partners: DD Provider Agencies, OPRA, DODD
2. Investigate health and behavioral health “hot spots” and plan collaborative actions to improve outcomes and reduce costs

2014 Annual Plan Goals

1. All Program Services and Service Facilitation staff will demonstrate basic competency in trauma informed practice and strategies
2. 95% of staff will report satisfaction with training to prepare them to support people who have experienced trauma.
3. Develop agency specific wellness program for direct support professionals and individuals they support so that 50% of participants in each Northstar Advantage agency reach one personal health goal.
4. Connect 20 participants in the LIFE program to community based wellness activities.
5. Develop data systems to capture number and support needs of people in the higher funding ranges.

Focus Area: Manage Resources Fairly and Wisely

Commitments

1. Align HCDDS structures, processes, and resources with the Strategic Plan.
2. Invest in technology and analytics to collect, analyze, and use data to promote quality services and wise use of resources.
3. Partner with state departments and other entities to promote efficiencies.
4. Develop and communicate procedures for fair distribution of resources.

2014 Annual Plan Goals

1. Conduct an analysis of how we do our work including structure, processes, and human resources.
2. Develop a data reporting system summarizing focus area data.
3. Board members will report satisfaction with data and updates received.
4. Develop a Communication Plan for all stakeholders that explains the current funding environment and how DDS is responding.

County Board Staff

Can you imagine less time on paperwork and more time with the people you support working on the things that make a real difference in their lives?

Can you imagine what it would be like to do away with inflexible ISPs and unproductive 2 or 3 hour meetings and instead, through ongoing discovery and collaboration with your team, develop a living document that will evolve with the person and their vision for their future?

Can you imagine an electronic system designed to truly empower the person, provider, the family/ guardian, and the SSA and easily share discoveries, update important information, and track progress towards personal outcomes?

Can you imagine respecting the privacy of those you support by not prying into every area of a person's life, but instead having a respectful relationship that only supports the areas where the person or family asks for our help.

Can you imagine a system that brings out the best in providers by focusing on the progress made towards outcomes and by encouraging matching staff with people supported based on similar interests, creative problem solving, and their knowledge about how to accomplish personal outcomes with people receiving supports?

Wouldn't it be something if this could happen sooner rather than later?

Well, the time to *imagine* is now.

imagine is a powerful movement – a new way of making sure that the things that are important to the people we support and the things that are important for them are balanced and make sense. It is a system change that will ultimately transform the developmental disabilities system in Ohio. Endorsed by the 18 county boards in southeastern Ohio, the Ohio Department of Developmental Disabilities, the Governor, and the people who helped design the new way (families, providers, people supported and SSAs), *imagine* will change the way we think, act and support people on their journey through life.

With support from the Ohio Department of Developmental Disabilities and the governor, barriers to a truly person-centered system are being removed and the system is being redesigned to support an innovative, collaborative, respectful, common-sense approach to supporting people with developmental disabilities.

imagine is entering its pilot phase, paving the way to a better system with staff trained in Person Centered Thinking (PCT) and important quality concepts, and the use of tools that will ultimately help us work together in a more meaningful way.

Training for county board staff began early this year and will continue throughout this year, and will be on-going into the following years.

Community Services Individual Assignment Process



Ohio Department of Developmental Disabilities

GUIDE TO PREPARING INCOME AND EXPENDITURE REPORT

Effective January 1, 2013

General Information

Basis of Accounting

Expenditures and revenue must be reported on a cash basis by the county dd board from January 1 through December 31.

Council of Government Activity

Costs incurred by a council of government on behalf of the county dd board are to be included in the county dd board's income and expenditure report. This reporting requirement is to provide a structure using the income and expense report to accumulate all costs associated with an activity so a more accurate accounting can be reported.

Any units of service delivery performed by the council of government on behalf of the county dd board shall also be included in the statistical information in the county dd board's income and expenditure report.

Revenue received directly by a council of government (not coming from the county dd board) on behalf of the county dd board is also to be included in the county dd board's income and expenditure report.

Allowable and Reasonable Costs

In order to be allowable costs, costs must meet the criteria of 2 CFR 225 (herein referred to as OMB Circular A-87); and the Provider Reimbursement Manual, CMS Publication 15-1. The most significant section of the allowable cost requirement is the "reasonable cost" criteria. In order to be considered reasonable, costs shall not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The reasonableness criteria are particularly important when the governmental entity is predominately federally funded. The hyperlink to the 2 CFR 225 (OMB Circular A-87) website is:

http://www.access.gpo.gov/nara/cfr/waisidx_08/2cfr225_08.html

In determining reasonableness of a given cost, OMB Circular A-87 states that consideration must be given to:

- whether the cost is of a type generally recognized as ordinary and necessary for the operation in performance of the function for which the cost was incurred.
- the restraints or requirements imposed by such factors as sound business practices; arms length transactions; Federal, State, and other laws and regulations; and terms and conditions of the Federal award or entitlement.
- **market prices for comparable goods or services.**
- whether the individuals concerned **acted with prudence** in the circumstances considering their responsibilities to the county dd board, its employees, the **public at large**, and the **Federal Government**.

- significant deviations from the established practices of the county dd board which may unjustifiably increase the Federal awards' cost.

The [Provider Reimbursement Manual, CMS Publication 15-1](#) provides additional clarification of reasonable costs. This publication states:

2100. PRINCIPLE

All payments to providers of services must be based on the reasonable cost of services covered under title XVIII of the Act and related to the care of beneficiaries or, in the case of acute care hospitals, the prospective payment system (PPS). (See Chapter 28 on PPS.) Reasonable cost includes all necessary and proper costs incurred in rendering the services, subject to principles relating to specific items of revenue and cost.

2102. DEFINITIONS

2102.1 Reasonable Costs.--Reasonable costs of any services are determined in accordance with regulations establishing the method or methods to be used, and the items to be included. Reasonable cost takes into account both direct and indirect costs of providers of services, including normal standby costs. The objective is that under the methods of determining costs, the costs for individuals covered by the program are not borne by others not so covered, and the costs for individuals not so covered are not borne by the program.

Costs may vary from one institution to another because of scope of services, level of care, geographical location, and utilization. It is the intent of the program that providers are reimbursed the actual costs of providing high quality care, regardless of how widely they may vary from provider to provider, except where a particular institution's costs are found to be substantially out of line with other institutions in the same area which are similar in size, scope of services, utilization, and other relevant factors. Utilization, for this purpose, refers not to the provider's occupancy rate but rather to the manner in which the institution is used as determined by the characteristics of the patients treated (i.e., its patient mix - age of patients, type of illness, etc.).

Implicit in the intention that actual costs be paid to the extent they are reasonable is the expectation that the provider seeks to minimize its costs and that its actual costs do not exceed what a prudent and cost conscious buyer pays for a given item or service. (See §2103.) If costs are determined to exceed the level that such buyers incur, in the absence of clear evidence that the higher costs were unavoidable, the excess costs are not reimbursable under the program.

In the event that a provider undergoes bankruptcy proceedings, the program makes payment to the provider based on the reasonable or actual cost of services rendered to Medicare beneficiaries and not on the basis of costs adjusted by bankruptcy arrangements.

2102.2 Costs Related to Patient Care.--These include all necessary and proper costs which are appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. Necessary and proper costs related to patient care are usually costs which are common and accepted occurrences in the field of the provider's activity. They include personnel costs, administrative costs, costs of employee pension plans, normal standby costs, and others.

Allowability of costs is subject to the regulations prescribing the treatment of specific items under the Medicare program.

2102.3 Costs Not Related to Patient Care.--Costs **not related** to patient care are costs which are not appropriate or necessary and proper in developing and maintaining the operation of patient care facilities and activities. Costs which are not necessary include costs which usually are not common or accepted occurrences in the field of the provider's activity.

Such costs are not allowable in computing reimbursable costs and include, for example:

- Cost of meals sold to visitors;
- Cost of drugs sold to other than patients;
- Cost of operation of a gift shop;
- Cost of alcoholic beverages furnished to employees or to others regardless of how or where furnished, such as cost of alcoholic beverages furnished at a provider picnic or furnished as a fringe benefit;
- Costs of gifts or donation;
- Costs of entertainment, including tickets to sporting and other entertainment events;
- Cost of personal use of motor vehicles;
- Costs of fines or penalties resulting from violations of Federal, State, or local laws;
- Costs of educational expense for spouses or other dependents of provider of services, their employees or contractors, if they are not active employees of the provider or contractor.
- Cost of meals served to executives that exceed the cost of meals served to ordinary employees due to the use of separate executive dining facilities (capital and capital-related costs), duplicative or additional food service staff (chef, waiters/waitresses, etc.), upgraded or gourmet menus, etc.; and
- Cost of travel incurred in connection with non-patient care related purposes.

Title XIX Program Reasonable Costs

Reasonable costs for county dd boards will be limited to the lower of the county dd board's cost or the cost cap ceiling in most cases. The cost cap ceiling is the higher of 112% of a weighted state-wide average or the rule rate as established in 5123:2-9-12 and 5123:2-9-19 of the Ohio Administrative Code, except for non-Medical transportation services and Targeted Case Management that is limited to a ceiling of the established rate per the Ohio Administrative Code.

Rounding of Numbers

Round figures to the nearest dollar. (\$1.49=\$1.00 and \$1.50=\$2.00).

Submission and Certification of Income and Expense Report/Due Date

Submit all worksheets included in the DODD report packet with the Income and Expense Report. Include a copy of the **County Auditor's YTD Expenditure & Revenue Reports** for the county dd board and a chart of accounts used by the County Auditor. As stipulated in Section 5126.12 (B) (3), Revised Code, DODD must receive the completed Income and Expense Report by April 30 of the subsequent year. Requests for extension in filing the Income and Expense Report must be received by DODD prior to April 30.

Certify the accuracy of the report by the original signature of the county dd board Superintendent on the certification page of the report. Mail this certification page to the:

Ohio Department of Developmental Disabilities
Division of Fiscal Administration
Office of Budget Services
30 E. Broad St. 13th Floor
Columbus, OH 43215-3434.

You may scan the certification page in lieu of sending a hard copy. Please keep the original signed copy on file. E-mail the completed Income and Expense Report to report.coordinator@list.dodd.ohio.gov. Do not send a copy of the Income and Expense Report to the Ohio Department of Job and Family Services – a copy of the Income and Expense Report will be provided to that department by DODD.

Questions

E-mail report.coordinator@list.dodd.ohio.gov to resolve questions concerning the reporting requirements. You will receive an E-mail response to your inquiry.

Audit and Records Retention Requirements

Expenditure and Income Reports are subject to audit by DODD, ODJFS and CMS at their discretion. Records, documentation, and supplemental worksheets used to prepare the report must be kept on file for a period of seven (7) years from the date of receipt of payment from all sources, or for six (6) years following completion and adjudication of any state or federal initiated audit, whichever period of time is longer.

Reporting Overview

This reporting methodology and guide has been designed with several goals in mind. The primary purpose is to provide a consistent method to capture, analyze and publicize annual expenditures and income for each of Ohio's county dd boards. The second purpose is to provide a Medicaid compliant cost-reporting mechanism that will enable DODD to determine Medicaid & non-Medicaid reimbursable cost rates for Medicaid funded services provided by all county dd boards and their contract agencies.

This report has been designed to include those programs most common to the majority of county dd board operations. Some programs and categories of expense specific to a county dd board may not be represented in the Income and Expenditure Report. When this situation occurs, the county dd board will need to develop supplemental worksheets to report these costs and add them to the overall Income and Expense Report in order to meet the requirement to report all cost information. E-mail report.coordinator@list.dodd.ohio.gov if the county dd board representatives are uncertain of how best to represent these additional costs and/or programs.

Allocation of Cost

Direct assignment and statistical allocation are the two methods to be used when completing the Income and Expense Report. While direct assignment is the preferred method to report costs, not all costs can be directly assigned.

When more than one, but not all programs share costs, supplemental worksheets must be prepared to allocate the costs to the specific programs involved, prior to completing the worksheets.

All expenditures reported and allocation methodologies used must be in compliance with OMB Circular A-87 requirements and ASMB C-10. See a synopsis of Non-Federal Reimbursable costs and a hyperlink to this Circular later in this document.

Documentation Requirements

Report all revenue received and expenditures made by the county dd board during calendar year 2011, including appropriate depreciation costs for capital expenditures.

In addition to maintaining all documentation to verify revenues and expenses, keep records that clearly trace or allocate all costs from accounting records to this report.

To avoid submitting extensive supplemental worksheets, organize accounts in a format that facilitates completion of the Income and Expense Report.

Maintain all records needed to verify statistical information reported and to document compliance with CMS publication 15-1, 42 CFR 92, and other state and/or federal regulatory requirements.

Maintain records of any third party payments received for services billed under Medicaid funded programs and procurement records if necessary.

Maintain Usual and Customary Rate (UCR) schedules to demonstrate charges for Medicaid funded services.

Report revenue and expenditures related to services provided by, or on behalf of, the county dd board that were actually received or paid (e.g., co-payments).

Chart of Accounts Requirements

County dd boards are to implement and use the uniform chart of accounts as described in the “Chart of Accounts” section of this Guide.

TAX LEVY FUNDS POLICY

Section G.2.03

- A. The Hamilton County Board of Commissioners shall levy taxes and make appropriations sufficient to enable the Agency to perform its functions and duties. The Agency may utilize local, state, and federal funds, which have been authorized for such purpose.
- B. The Agency shall monitor all programs funded by the Developmental Disabilities Tax Levy and operated by the contract agencies.
- C. All monies raised by the property tax levy shall be used for the purposes for which they were initially specified in the material that was prepared and released during the levy campaign, and the already established mechanisms for distributing these funds shall continue as in the past. Contract agencies shall be obligated to submit annually or, upon request, applications (proposals, requests, and budgets) for the services they anticipate providing.

Adopted: 10/13/98
Reviewed: 2/03
Reviewed: 10/30/09

PAYER OF LAST RESORT POLICY**Section G.2.11**

This policy is adopted by the Agency to show fiscal responsibility, to honor the Hamilton County Board of County Commissioners' budget policy that county tax dollars be used as the payer of last resort, and to give individuals served and their families encouragement and guidance in utilizing all other available resources before accessing county tax levy dollars for needed services and supports. With limited funding to serve new people, existing resources will have to be maximized to meet the needs of all individuals and families eligible for our services.

Within applicable budgetary constraints, the Agency supports the provision of services to as many eligible individuals as possible. To this end, the Agency places the following conditions on persons receiving or seeking to obtain county-funded services:

- A. Individuals shall utilize all available funding resources, including but not limited to private insurance and other funded programs and services, before requesting county tax levy dollars.
- B. Each individual who is eligible for Medicaid state plan or waiver services must apply for same and use to purchase/fund covered services.
- C. If the eligible individual refuses to apply for Medicaid state plan or waiver funding but still wants the services, he or she will be required to either pay the federal financial participation (FFP) portion of the total cost of such services (the part Medicaid would have paid), or only receive county funding for services in the amount of the local match.
- D. If the individual is determined ineligible for Medicaid state plan or waiver funding or is unable to obtain a Medicaid waiver slot because no appropriate slot is available, the Superintendent shall have the authority to adjust the portion of costs to be paid by the Board, taking into account the other resources available to the individual.
- E. Individuals who receive Supported Living services must share a residence with at least one other person. Any exceptions must be recommended by the individual's team, based upon an assessment of need, and approved by the Superintendent.
- F. The Superintendent may waive any requirements of this policy for a period of up to one hundred and eighty (180) days for any person determined by the Superintendent to be in emergency need of services.
- G. State and federal laws and rules shall take precedence over any contrary provisions of this policy.

Adopted: 3/9/04
Reviewed: 2005
Reviewed: 10/30/09

Hamilton County DD Services Contract with County

Update for TLRC – November 25, 2013

Report and analyze DDS compliance with the terms of the current Agreement by and between the Board of County Commissioners of Hamilton County, Ohio and DDS entered into on May 19, 2010, namely:

A. DDS will work with Hamilton County to identify, confirm and implement offsets to the loss of revenue that will result from the elimination of the tangible personal property tax.

Attached are two documents (**Attachments A & B**) that outline the actual/projected loss in Tangible Personal Property Tax and State Revenue over this levy period.

Since the fall of 2011, Hamilton County DD Services has been undergoing major cost-cutting measures to deal with an anticipated \$18 million deficit by the end 2014. Every part of the agency has been impacted, as well as community partners, families and individuals.

Difficult decisions and conversations have been necessary with providers, families, those whom we serve, and staff about reorganizations and streamlining of budget, services and functions. We've had to rethink how we do business on every level to tighten up within available resources while continuing our focus on supporting quality services targeted to each person's individual needs.

Cost-cutting remains a long-term, ever-present focus, although what we've done to date has reduced a substantial amount from our original tax levy plan. Uncertainties about impending reductions in state and federal funds and their impact on our budget are a daily reality. Listed below are some of the areas that we have addressed in order to reduce our expenditure levels.

-
- Changed provider contract amounts to Medicaid reimbursement rates
 - Suspended cost-of-living and step increases since 2009. A cost of living was given mid-year in 2013 to follow the direction of the county commissioners in their departments.
 - Eliminated 18 open positions by attrition and early retirement, reorganized others. We are evaluating every position that comes open to determine if it is needed. Some positions may be re-classified to address needs elsewhere in the agency.
 - Reduced number of busses at schools, changed other transportation options
 - Brought quality assurance reviews in-house from ARC when it closed
 - Reorganized contracts for quality assurance, my plan support, and early intervention

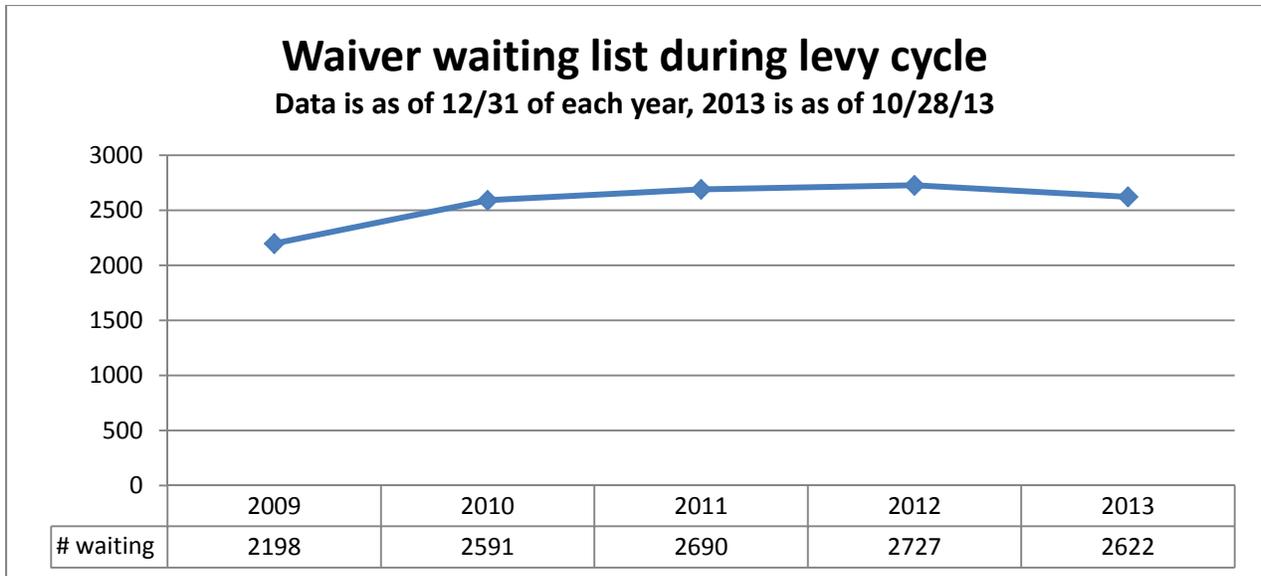
- Transferred psychiatrist to Life Point Solutions, they are now billing Medicaid for these services
- Moved Service Facilitation from regional offices into Holiday Office Park in Queensgate.
- Switched to computer-based phone system
- Changed distribution of publications from hard copy printing to electronic

With these cost-cutting measures, the demand for services does not end. We continue to average 35 new individuals a month through Intake, and have more than 2500 people on a waiting list.

B. DDS will continue to pursue Federal Medicaid waivers, within available resources.

Waiting List information

During the levy cycle, revenues have declined and needs have continued to increase. HCDDS is not able to meet the needs of the people in the community. As a result, the waiting list for waivers has increased throughout this time period. During the past several years, the agency has only given I/O waivers to people who meet emergency criteria. Level One waivers have been used only for emergencies and for refinancing of locally funded adult services. Given the decline in funding to HCDDS, the agency is now in a position of putting people who meet emergency criteria on the waiting list because there is no additional funding to pay match on new waivers. The chart below shows the waiting list over the levy cycle, as noted each count shows the number on the waiver waiting list as of 12/31 of each year. For 2013, the data is as of 10/28/13. It is anticipated that this list will continue to grow if we do not see increased funding in the future.



The agency has also been working on collecting more data on the people who are on the waiting list as a form of needs assessment. The goal is to determine exactly what the people are waiting for. Most people on the list are waiting for a waiver to fund residential services.

It is important to note that many people on the waiting list are getting locally funded services and some are on a different waiver. For example, many are on the waiver waiting list because they have requested an I/O Waiver but the person does have a Level One Waiver that provides some level of service for the person.

Of the people on the waiting list:

- **669** Have a Level One Waiver but have requested an I/O or SELF Waiver
- **338** Are receiving locally funded services
- **1716** Are not on any waiver and do not receive locally funded services

Adult Services Waiting List

Historically, any eligible adult was able to get local funds to attend Adult Day Array programming. Due to the extensive cuts the agency has had there has had to be a freeze placed on adding new authorizations for day array and a waiting list has been established for this service. There are currently 14 people on the list, which was established September 2013.

Waiver Enrollment

The number of waivers administered by the agency has continued to increase over the levy cycle. The majority of waivers being added are emergencies; the only exception being the waivers added as a result of refinancing efforts. The agency has aggressively sought waivers to refinance people who were receiving services funded fully by local/levy funds. By moving these individuals onto waivers, the agency saves 60% on their services.

Whenever possible, replacement slots (slots vacated by another person) are used when enrolling a new waiver to prevent waiver growth. Hamilton County's waiver growth can be figured by taking the number of waivers added in a year adding incoming transfers and subtracting the # of replacement slots used. The data for each year of the levy cycle is shown on the next page.

TDD Waiver

In January 2013, HCDDS was required to take on administration of the TDD Waiver. There are 101 people on TDD waivers in Hamilton County. The services are funded by state match. However, HCDDS must administer the waiver and provide SSA for each person. The agency does receive \$80,032 in match for the case management services. The waiver is administratively difficult to administer and no additional funds were provided to county boards for the administration of the waiver, this has been an additional strain to HCDDS.

Levy Year	I/O Waivers Added	Emergency Criteria	% Meeting Emergency Criteria	I/O Replacement slots	I/O Emergency Slot	# Refinance	Incoming Cty to Cty Transfers	Outgoing Cty to Cty Transfers	TOTAL WAIVER Growth
2010	78	78	100%	9	69	0	7	14	62
2011	81	81	100%	54	27	0	5	10	22
2012	78	77	99%	42	36	0	4	15	25
2013	97	82	85%	44	39	14	11	10	54
	L1 Waivers Added	Emergency Criteria	% Meeting Emergency Criteria	L1 Replacement Slots	L1 Emergency Slot	# Refinance	Incoming Cty to Cty Transfer	Outgoing Cty to Cty Transfers	TOTAL WAIVER Growth
2010	71	6	8%	0	6	0	3	7	67
2011	90	17	19%	0	17	7	2	4	88
2012	41	1	2%	1	0	4	1	5	36
2013	64	7	11%	7	0	59	1	2	56
	SELF Waivers	*SELF Waiver started in 2011							
2010									
2011									
2012	2								
2013	1								

C. DDS will increase its cost sharing with the public school system by increasing fees from 25% of the cost to 50% of the cost, plus 100% of transportation costs.

We have increased the rates that we are charging school districts as of the 2012 – 2013 school year. (See attachment C - "School District Funding" document).

With the increase in rates it is anticipated that some of the school districts will start to transport their own students. Cincinnati Public Schools our largest district started transporting their students as of this school year (2013 -2014).

Some districts will provide instruction within their own districts either with us providing the

teaching and ancillary staff (satellite program) or start their own programs.

D. DDS will budget for anticipated continued enrollment growth in adult services, within available resources.

Local Funding Limitations for Adult Day Array and Non-Medical Transportation (NMT)

Due to the limited funding available for Adult Day Array and NMT services, procedures for day array were developed. **(See attachment D - Procedures for Day Array, NMT, AAI)** HCDDS will review these guidelines as changes in available funding occur and make any needed changes to the established limitations.

Limitations on local dollars allocations

To ensure that HCDDS does not exceed the projected budget for each year, the agency must limit the number of people who are authorized for locally funded ADA and NMT services. The agency tracks these authorizations by assigning a slot number to each person who is authorized to receive locally funded ADA and NMT services.

For 2013, there is no new funding available for locally funded ADA/NMT.

A waiting list has been established to identify those who have requested the service and are waiting for available funding.

The following exceptions have been approved for people to receive ADA/NMT funding in 2013:

- Individuals who are receiving Service Facilitation (including I&R Service Facilitation) from HCDDS or transition services from HCDDS Transition Consultants who will be graduating from school in 2013 and have been planning to attend an ADA program funded through local dollars. *The graduation date must have been set and HCDDS notified of the date on or before 4/1/13.*
- Individuals who were, prior to 1/1/13, working with an HCDDS Service Facilitator to select an ADA program as evidenced by case notes and/or My Plan to reflect this work.
- People requesting Supported Employment (SE) (see section *Employment First* regarding SE).
- *For the years following 2013, HCDDS will assess available funds and determine at the start of each fiscal year if additional locally funded ADA slots will be available.* Additional restrictions on locally funded ADA funding

Individuals in the following situations may not receive authorization for locally funded ADA:

- Individuals who have other resources/funding to pay for the service (see payer of last resort policy).

- Effective 1/1/14, people who reside in an ICFDD unless the ICFDD agrees to pay the actual cost (by acuity level) of the service to HCDDS.
- Individuals who are admitted to a nursing home after 2/1/13 except as outlined below.*

***Nursing Homes**

- Individuals who reside in a nursing home who were receiving locally funded ADA prior to 2/1/13, will be grandfathered and permitted to continue to receive this service. However, the service level must remain at the level authorized as of 2/1/13. Services will continue to be authorized if the annual PASRR reflects the need for Specialized Services as defined below.
- If an individual, who attends a locally funded ADA program*, is admitted to a nursing home after 2/1/13, HCDDS will no longer pay for the service while the person is in the nursing home unless the PASRR indicates that *Specialized Services are needed which include the day programming*.
 - The HCDDS PASRR reviewer, in accordance with 5123:2-14-01, will only indicate that specialized services are needed if the following criteria are met:
 1. The person has a **current** need for specialized services.
 2. The person's current needs are such that continuous supervision, treatment and training by qualified DD personnel are necessary to address needs in each of the life areas for which functional limitations have been identified.
 - As part of the PASRR process, the Assistant Director of Community Services (Service Facilitation/Intake) or his/her designee will conduct an administrative review of all PASRR's completed.
- *If specialized services are not identified on the PASRR, HCDDS will not fund ADA programming with local funding while the person is in the nursing home and the following will apply:*
 - If the nursing home stay is temporary, HCDDS will hold the individual's spot at an HCDDS operated adult day program for up to 90 days.
 - For programs operated by contracted providers, it is up to the provider whether or not to hold the spot for the person but HCDDS will honor the person's funding for ADA for the 90 days.
- *If an SF becomes aware that a person receiving local funding has gone into a nursing home, the SF must notify the assigned funding specialist.*
- *The criteria above also apply to individuals who have a waiver prior to a nursing home admission.*

E. DDS will continue to improve technology support by:

1. Moving immediately to the development of a disaster-based information technology backup and recovery system using off-site, secure facilities;

COMPLETED. All production systems were moved to an access-controlled, secure facility with backup power generator in 2010.

2. At a minimum, implement a redundant server system for production servers, and consider the feasibility of using entirely off-site, secure server systems;

NOT COMPLETED. The feasibility of creating a fully redundant server system for production servers was investigated and was proven to be too expensive to implement. However, IT has planned to implement a secondary site for the most critical data and applications. This partial redundant site is planned for the first half of 2014.

3. Continue re-implementation of its individuals served management system.

COMPLETED. The ISIS system has been completely replaced with the Gatekeeper application, which we have been operating on successfully since late 2009.

4. DDS will continue the preliminary discussions with Butler, Clermont, and Warren counties regarding establishment of a Council of Governments to coordinate activities of the three DDS programs.

IN PROGRESS. A feasibility and interest study was conducted by the Executive Director of another COG. The study was completed in the summer of 2013. The study revealed several service areas that can potentially be shared by the Southwestern Ohio Council of Government (SWOCOG) and included the associated priorities. A job posting for an Executive Director for the SWOCOG has been listed online and applicants are being evaluated. **(See attachment E - Southwestern Ohio Feasibility Study)**

ATTACHMENT A

ANNUAL IMPACT IN REVENUE LOSS DUE TO STATE CUTBACKS

			<u>PROJECTED LOSS FROM ORIGINAL STATE AMOUNT</u>
2009	\$	5,495,236.00	
2010	\$	5,280,892.00	\$ 214,344.00
2011	\$	5,063,640.00	\$ 431,596.00
2012	\$	3,442,663.00	\$ 2,052,573.00
2013	\$	3,704,743.00	\$ 1,790,493.00
2014	\$	3,748,263.00	\$ 1,746,973.00
	\$	21,240,201.00	\$ 6,235,979.00

HAMILTON COUNTY DD SERVICES
TANGIBLE PERSONAL PROPERTY TAX

ATTACHMENT B

<u>YEAR</u>	<u>PROJECTED AMOUNT</u>	<u>PROJECTED LOSS FROM PRIOR YEAR</u>	<u>PROJECTED LOSS FROM ORIGINAL LEVY AMOUNT</u>
2010	\$ 6,277,582.00	\$ -	\$ -
2011	\$ 5,440,571.00	\$ 837,011.00	\$ 837,011.00
2012	\$ 3,569,570.00	\$ 1,871,001.00	\$ 2,708,012.00
2013	\$ 2,215,563.00	\$ 1,354,007.00	\$ 4,062,019.00
2014	\$ 2,215,563.00	\$ -	\$ 4,062,019.00
		\$ 4,062,019.00	\$ 11,669,061.00

HAMILTON COUNTY DD SERVICES
SCHOOL DISTRICT FUNDING

ATTACHMENT C

<u>School Year</u>	<u>Programs billed</u>	<u>Per person rate</u>	<u>Amount Received</u>
2009/2010	Satellite programs	\$ 15,000	\$ 4,300,672
	HCDDS school program	\$ 17,750	
2010/2011	Satellite programs	\$ 22,500	\$ 6,406,354
	HCDDS program with school transporting	\$ 27,500	
	HCDDS school program	\$ 32,500	
2011/2012	Satellite programs	\$ 22,500	\$ 5,560,423
	HCDDS program with school transporting	\$ 27,500	
	HCDDS school program	\$ 32,500	
2012/2013	Satellite programs	\$ 25,000	\$ 5,951,776
	HCDDS program with school transporting	\$ 30,000	
	HCDDS school program	\$ 40,000	
2013/2014	Satellite programs	\$ 25,000	* \$ 5,310,000
	HCDDS program with school transporting	\$ 30,000	
	HCDDS school program	\$ 40,000	

* Projected amount

The TLRC had recommended to increase the amount of school district billing from 25% to 50% of costs and 100% of transportation with the levy that was approved in 2009. Rates were changed effective with the 2010/2011 school year. Due to reductions in TPPT, State, and Levy funding being set aside for the Duke appeal we had to increase rates again for the 2012/2013 school year.

With the increase in rates it is anticipated that school districts will start to transport their own students. Some districts will provide instruction within their own districts either with us providing the teaching and ancillary staff (satellite program) or start their own programs.

Hamilton County Developmental Disabilities Services
Community Services Department Procedures
Adult Day Array, Non-Medical Transportation and AAI

ATTACHMENT D

Contents

Press CTRL +Click on the section title to go directly to the procedure

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Definition of Adult Day Array

Adult Day Array refers to adult day support, vocational habilitation, supported employment-enclave, supported employment-community and non-medical transportation services provided to individuals enrolled on IO, Level One and SELF waivers. For consistency, HCDDS also refers to locally funded adult day services as Adult Day Array (ADA) even though this is a waiver service by definition.

Service definitions

As defined in Ohio Administrative Code 5123: 2-9-19 (http://DODD.state.oh.us/rules/PDF/5123_2-9-19.pdf) the following are services under ADA.

Adult day support means non-vocational day support needed to assure the optimal functioning of individuals who participate in these activities in a non-residential setting.

Adult day support may include:

1. Assessment
2. Personal Care
3. Skill reinforcement
4. Training in self-determination
5. Recreation and leisure
6. Assisting the individual with medications or health-related activities

Vocational habilitation means services designed to teach and reinforce habilitation concepts related to work such as responsibility, attendance, task completion, problem solving, social interaction, motor skill development, and safety.

Vocational habilitation may include:

1. Assessment
2. On-going job support such as:
 - Developing a plan of on-the-job instruction
 - Assisting the individual to perform activities that result in social integration with employees with or without disabilities on the work site
 - Supporting or training the individual to use transportation services
 - Assisting with problem solving and meeting job expectations
 - Assisting with using natural supports and community services
 - Training to maintain skills, learn new skills, enhance hygiene and social skills, and providing behavior support
 - Assisting with medications or health-related activities
 - Developing and implementing a plan to transition to supported or competitive employment

Supported employment-enclave means services to individuals who work as a team at a single work site of the community site or business with training, supervision, and on-going support provided by on-site staff. Enclaves may be contained within a site (dispersed enclaves) or travel among several sites (mobile work crews).

Supported employment-community means services provided in an integrated community work setting where individuals with and without disabilities are employed to perform the same or similar work. Supported employment-community may also include services to assist an individual to achieve self-employment through the operation of a business.

Supported employment-enclave and community activities include:

1. Vocational assessment
2. Job development and placement
3. Job training/coaching
4. Ongoing job-supports
5. Worksite accessibility
6. Training in self-determination

Non- Medical Transportation (NMT)

Non-medical transportation means transportation that is used to and from Adult Day Array. It may be used to transport to and from and between day array sites. These are the only purposes for which NMT may be used.

Listing NMT in the My Plan

- NMT must be listed as a separate service/goal within the My Plan.
- The My Plan must indicate whether the non-medical transportation is to be per trip or per mile.
 - *Per trip* is used when the vehicle has capacity for 9 riders or more in a non-modified vehicle or when the vehicle is designed or adapted to transport one or more riders in a wheelchair. **Commercial carriers may bill as per trip even if this criterion is not met.*
 - *Per mile* is used when the vehicle has the capacity to transport 8 riders or less in a non-modified vehicle.
 - For taxi, livery, Access, or Metro the actual cost is billed.

Coordination of NMT for all non-HCDDS programs

- NMT is coordinated centrally to increase efficiency and keep costs down. The Transportation Coordinator oversees this process. To authorize NMT, the SF follows the procedure for authorizing services and takes these additional steps as applicable:
 - When the day array provider is not providing the NMT, or when there is a need to change existing NMT:
 - The service facilitator fills out top portion of the NMT Worksheet (CSDHW002) along with the NMT Enrollment Form (CSDHW002-A) and forwards it electronically to the Transportation Coordinator.
 - The Transportation Coordinator arranges the best transportation option for the individual based on locations, existing transportation routes, cost and times.
 - **HCDDS is the payer of last resort and the lowest cost option that meets the need must be used.** Therefore, the following apply in determining the transportation to be authorized:

1. If the person is able to safely use public transportation (Metro), this will be the only option authorized.
2. If the person qualifies for Access transportation, this will be the only option authorized.
 - Individuals who may be eligible must apply.
 - If a person is denied Access eligibility, the individual must provide HCDDS with a copy of the letter in order for any other transportation to be authorized.
 - If a person is denied Access eligibility, the person must appeal the decision within the timeframe permitted for HCDDS to continue authorizing another transportation option.
 - If an appeal is denied, the person must begin travel training for Metro transportation, **the Service Facilitator must initiate this process.** The Transportation Coordinator will advise the SF as to the steps to take to do this.
 - The Transportation Coordinator completes the details of the NMT Worksheet, approves and returns it to the SF for final approval by the SF Supervisor.
- Once NMT worksheets are received by Funding, a Funding Specialist will enter the NMT in CPT (wavier only) and generate a PAWS/PAS.

Metro Fare Deal Monthly Stickers, Bus Ride Tickets and Access Tickets as NMT

Metro Fare Deal monthly stickers and passes, Bus Ride Tickets and Access Tickets can be used for Non-Medical Transportation (NMT). NMT allows the purchase of a monthly public transportation pass for unlimited use if the pass is used for day array services during the same month.

- All individuals using a bus pass must apply for the Fare Deal card; a full rate bus pass will not be authorized unless the individual shows proof of denial for a Fare Deal card from SORTA.
- The SWOCOG will purchase fare deal monthly stickers/passes for individuals who do not attend Ohio Valley Goodwill, Easter Seals Tristate.
- Individuals that attend Ohio Valley Goodwill, Easter Seals Tri State will have their fare deal monthly sticker/sticker purchased by the provider for individual pick up while attending programming.
- Bus ride tickets and Access tickets will be purchased by HCDDS.

Bus Ride Tickets and Access Tickets from HCDDS

- Requests for bus ride tickets and Access tickets will only be authorized when the criteria for NMT is met, see exceptions below.
- Bus ride tickets can be given for a 30 day period while an individual applies for a Fare Deal Card.
- The HCDDS Transportation Coordinator oversees distribution of bus ride tickets and Access tickets.

- Service Facilitators will ensure that individuals receive authorized bus ride tickets and access tickets.

Exclusions

- Bus ride tickets and Access tickets **cannot** be authorized for:
 - Medical Appointments if the person has Medicaid (Medicaid transportation must be accessed)
 - Social/Recreational events
 - For people not served by the agency (family members, etc.)
 - Transportation covered by HPC mileage
 - General transportation needs
 - Community employment without Supported Employment

Exceptions

- Bus passes, bus ride tickets and Access tickets cannot be authorized as NMT for people who work in community jobs without Supported Employment as this is not a reimbursable service. However, to promote community employment, HCDDS can in certain circumstances provide bus ride tickets or Access tickets for the first 30 days of a person's new job while he/she saves money to purchase his/her own buss pass or finds another option for transportation.

Metro Passes and Fare Deal Stickers from SWOCOG

- The service facilitator will submit a completed *NMT Worksheet* CSDHW002 authorizing the NMT.
- The CSDHW002 form is then processed according to the procedure for processing worksheets.
 - Passes purchased by The SWOCOG will be mailed to the individual, Service Facilitator or provider by the 20th of each month to ensure the individual receives the pass prior to the first day of the next month.
 - Checks made out to Metro will not be provided for individuals unless the request is received after The SWOCOG has already purchased passes for the month requested and these will only be given to staff. The monthly deadline for The SWOCOG purchase is the 18th or the first business day after the 18th.
 - If an individual's monthly cost changes (different zone for example) a new CSDHW002 should be completed so that the amount of the check can be changed and the PAWS billing can go through.
 - All individual and provider address changes and service facilitator changes must be reported to The SWOCOG by the Service Facilitator. Contact information for the SWOCOG is below:

Finance Director
 SWOCOG
 1520 Madison Road
 Cincinnati, OH 45206

(513)559-6889
 (513)559-6600 fax
Missy.McCarthy@hamiltondds.org

- If an individual does not receive their bus pass because of an incorrect address or any other reason The SWOCOG will stop mailing the pass to the individual. The pass will then be sent to the Service Facilitator or provider to deliver to the individual.
- HCDDS will not purchase additional passes or provide bus ride tickets for individuals who lose his/her pass or who don't notify HCDDS of a change of address if the sticker/pass is mailed to the individual's home

Cancelleds

The Service Facilitator must notify The SWOCOG by email if a monthly sticker is cancelled as soon as possible. Then follow-up by completing CSDHW002 – indicate “Ending Services” at the top of the form under *reason for worksheet*.

If a monthly sticker is cancelled after The SWOCOG has already mailed it the Service Facilitator or SF Supervisor should return it to The SWOCOG if possible. The SWOCOG can use it for new mid-month requests.

NMT rate cap

Waiver NMT

If the individual has a waiver and the amount (days x rate) exceeds the \$9,643 allowed for non-medical transportation based on the proposed schedule, the Service Facilitator must do one of the following:

- Reduce the number of trips (i.e. 4 days a week instead of 5).
- Work with the Transportation Coordinator to arrange for less expensive NMT (if available).
- Arrange for the individual to use public transportation.
- Arrange for the residential provider to provide at least some of the trips (billing as HPC transportation) to help the individual stay within budget.
- Utilize family to provide transportation for the trips not covered.

Examples: the table below shows the # of trips a person would be short for the span based on the rate and assuming attendance 5 days per week.

Trip Rate	# Trips in Span	Days in Span	Days without NMT (shortage)
\$20.09	479	239.5	.5
\$24.62	391	195.5	44.5
\$29.58	325	162.5	77.5
\$40.00	241	120.5	119.5

Locally funded NMT

- If the individual's NMT is funded by local dollars, the same budget limit applies.
- If the person's NMT is above this limit, the SF should take the same steps outlined above to bring the budget back within the allowable limit.

Additional Supplement for those who use a wheelchair

Currently, HCDDS may provide an additional local dollars supplement for someone who uses a wheelchair and requires a lift equipped vehicle. This supplement may not be authorized until it is verified that the provider has utilized all waiver funds (if applicable).

- If approved, HCDDS will supplement the additional trips **up to a total of 479 trips per span** (this is the total number of trips permitted within the NMT budget under the standard \$20.09 rate).
- **This supplement is not to exceed a total of \$5,000**; if the total exceeds \$5,000 trips must be reduced to bring the total within this budget.
- This supplement is subject to change based upon available funds.

NMT for HCDDS Operated Programs

- For HCDDS Adult Centers, NMT is generally provided by HCDDS' sub-contractor for NMT (National Express). These services are coordinated by a HCDDS Business Services representative.
- In these situations, the SF completes an NMT worksheet indicating National Express is the provider and submits this via the standard approval process (these do not need to be signed off by the Transportation Coordinator).
- The assigned Funding Specialist will enter the NMT in CPT (waiver only) and generate a PAWS/PAS.
- Transportation via National Express to/from HCDDS Adult Centers is initiated by the Adult Center staff using form STD454. HCDDS Adult Center staff members also coordinate any changes to National Express transportation with the Business Services coordinator using STD454.
- If transportation to/from an HCDDS Adult Center is provided by an NMT provider other than National Express, the SF will work with the Transportation Coordinator following the standard NMT procedure.

Local Funding Limitations for Adult Day Array and NMT

Due to the limited funding available for Adult Day Array and NMT services, the following limitations are in effect. HCDDS will review these guidelines as changes in available funding occur and make any needed changes to the established limitations.

Limitations on local dollars allocations

To ensure that HCDDS does not exceed the projected budget for each year, the agency must limit the number of people who are authorized for locally funded ADA and NMT services. The agency tracks these authorizations by assigning a slot number to each person who is authorized to receive locally funded ADA and NMT services.

When waiver slots become available, HCDDS may conduct refinancing to move individuals from local funding to waiver funding.

- Individuals will be selected based on the amount of local funds allocated to each person, focusing on the highest utilizers.
- All individuals identified to move to a waiver are expected to do so; those who are either Medicaid ineligible or who refuse to apply for Medicaid and/or the waiver will be moved to 60% self-pay in accordance with the agency's payer of last resort policy.
- HCDDS will from that point only pay for the equivalent of the waiver match of authorized services (40%) and the service level must remain the same.

Locally funded ADA funding availability

For 2013, there is no new funding available for locally funded ADA/NMT.

A waiting list has been established to identify those who have requested the service and are waiting for available funding (see Waiting List information below).

The following exceptions have been approved for people to receive ADA/NMT funding in 2013:

- Individuals who are receiving Service Facilitation (including I&R Service Facilitation) from HCDDS or transition services from HCDDS Transition Consultants who will be graduating from school in 2013 and have been planning to attend an ADA program funded through local dollars. *The graduation date must have been set and HCDDS notified of the date on or before 4/1/13.*
- Individuals who were, prior to 1/1/13, working with an HCDDS Service Facilitator to select an ADA program as evidenced by case notes and/or My Plan that reflect this work.
- People requesting Supported Employment (SE) (see section *Employment First* below regarding SE).
- For the years following 2013, HCDDS will assess available funds and determine at the start of each fiscal year if additional locally funded ADA slots will be available. The Superintendent and Director of Business Services shall make this decision and notify

the Director of Community Services; the Superintendent shall also instruct the Contract Manager regarding the prioritization of those on the Locally Funded ADA wait list for use of the ADA funding.

Additional restrictions on locally funded ADA funding

Individuals in the following situations may not receive authorization for locally funded ADA:

- Individuals who have other resources/funding to pay for the service (see payer of last resort policy).
- Effective 1/1/14, people who reside in an ICFDD unless the ICFDD agrees to pay the actual cost (by acuity level) of the service to HCDDS.
- Individuals who are admitted to a nursing home after 2/1/13 except as outlined below.*

**Nursing Homes*

- Individuals who reside in a nursing home who were receiving locally funded ADA prior to 2/1/13, will be grandfathered and permitted to continue to receive this service. However, the service level must remain at the level authorized as of 2/1/13. Services will continue to be authorized if the annual PASRR reflects the need for Specialized Services as defined below.
- If an individual, who attends a locally funded ADA program*, is admitted to a nursing home after 2/1/13, HCDDS will no longer pay for the service while the person is in the nursing home unless the PASRR indicates that *Specialized Services are needed which include the day programming*.
 - The HCDDS PASRR reviewer, in accordance with 5123:2-14-01, will only indicate that specialized services are needed if the following criteria are met:
 1. The person has a **current** need for specialized services.
 2. The person's current needs are such that continuous supervision, treatment and training by qualified DD personnel are necessary to address needs in each of the life areas for which functional limitations have been identified.
 - As part of the PASRR process, the Assistant Director of Community Services (Service Facilitation/Intake) or his/her designee will conduct an administrative review of all PASRR's completed.
- *If specialized services are not identified on the PASRR, HCDDS will not fund ADA programming with local funding while the person is in the nursing home and the following will apply:*
 - If the nursing home stay is temporary, HCDDS will hold the individual's spot at an HCDDS operated adult day program for up to 90 days.

- For programs operated by contracted providers, it is up to the provider whether or not to hold the spot for the person but HCDDS will honor the person's funding for ADA for the 90 days.
- *If an SF becomes aware that a person receiving local funding has gone into a nursing home, the SF must notify the assigned funding specialist.*
- *The criteria above also apply to individuals who have a waiver prior to a nursing home admission.*

Individuals with TDD Waiver or Ohio Home Care Waiver

After 12/31/13, individuals enrolled on the Transitions TDD Waiver or the Ohio Home Care Waiver may not receive HCDDS local funding for Adult Day Array Services. These individuals must select a provider who is certified under his/her waiver for daytime services. For those on the Ohio Home Care Waiver, this authorization must be sought through Care Star.

TDD Waiver

For those enrolled on the TDD waiver, HCDDS authorizes services. As noted above, individuals enrolled on this waiver must select a day service from a vendor who provides *Adult Day Health Center* services as of 1/1/14. This service may include transportation to and from the service but providers are not required to provide this. As a last resort, HCDDS may authorize transportation to and from the program under certain circumstances. If the assigned SF feels this is appropriate, an NMT exception request must be submitted and approved prior to authorization of the transportation. All other options must be explored first such as natural supports and self-pay.

Restriction on service level increases

To ensure that resources are maximized and that HCDDS has sufficient funds to cover authorized services, service level increases for people with locally funded ADA and NMT services may not be made at this time. Service levels for all ADA and NMT service, except Supported Employment Community (see Supported Employment Community section below) must remain at the level which was authorized as of November 1, 2012.

ADA Waiting List

Effective 6/1/13, HCDDS will begin a waiting list for locally funded ADA services. There is currently a higher demand for locally funded ADA services than the agency is able to fund. Each person who requests the service who is not able to get funding or who requests to be placed on the wait list will be assigned a waiting list number. The Superintendent will determine which groups will be designated as priority groups to receive ADA funding each year.

Placement on the Local Funds ADA Wait List

If a person wishes to be added to the local funds ADA Wait List, the assigned Service Facilitator will complete the ADA Wait List Form and forward it to the HCDDS Contract Manager. If there is

no assigned Service Facilitator and the person has an HCDDS Transition Consultant assigned, the Transition Consultant will complete it. If the person has neither, the HCDDS Contract Manager will complete the Wait List Form.

The following guidelines will be used by the Contract Manager to determine if a person is appropriate to place on the ADA wait list:

- Individuals still enrolled in a school system must demonstrate experience/exposure to community employment prior to placement on the Adult Day Array waiting list.
 - If a person requesting to be placed on the wait list does not have this experience, the Contract Manager will provide resource information on how to accomplish this such as a referral to the school's transition team.
- Individuals who are still enrolled in a school system may not be placed on the ADA wait list more than one year prior to his/her anticipated graduation date.
- For all individuals, justification for why placement in an Adult Day Array program is more appropriate than community employment with Supported Employment services must be provided prior to placement on the ADA wait list.

It is anticipated that many people will be informed about the Local Funds ADA wait list by HCDDS contracted providers of Adult Day Array. The HCDDS Contract Manager is also the agency's Employment First Manager and will manage the Local Funds ADA wait list.

- To be placed on the Local Funds ADA Wait List, individuals must have an acuity assessment (AAI) completed. The acuity score must be entered in Gatekeeper.
 - The acuity assessment will be completed by the Service Facilitator, if he/she has a Service Facilitator.
 - If there is no assigned Service Facilitator, the person will be placed on the ADA wait list as an "A" acuity.
 - When a person is moved from the ADA wait list because funding is available, the person's acuity will be verified.
 - When a person is identified as potentially moving off of the ADA wait list, the person will be assigned a Service Facilitator if he/she does not already have one.

Service Substitution

Individuals who have local funding or a waiver to fund Adult Day Array services can select any provider that has an opening. For HCDDS operated programs, this applies for transfers between locations as well. These individuals do not get placed on the ADA wait list.

New ADA Funding

At the start of each fiscal year, the Director of Business Services will review the budget and determine the amount available for the year to fund Adult Day Array Services. The Community Services Funding Unit and the Contract Manager will provide the Director of Business Services with the amount of paid claims for locally funded ADA services from the prior year and an estimation of what is authorized for the current year. The currently authorized amount will be deducted from the total available amount; this is the amount available for new ADA funding.

The Funding Unit will work with the agency's Contract Manager to determine how many people from the ADA wait list can receive funding.

Ending Funding for ADA

If a person who has local funding for ADA allocated to him/her decides to stop attending the ADA program, the funding will only be held for 60 days for the person to select a new provider or program location. If no new program is selected, the person's ADA funding will be end-dated and if he or she wishes to request the funding in the future, he or she will go on the wait list as described in this procedure. If an SF is aware that a person is not attending an authorized day program, he or she will send a worksheet to the Funding Unit ending the authorization and will indicate if the person plans to select another program or not. If this is realized after the person has stopped attending, the 60 days starts the day after the day the person attended the ADA program.

Employment First

HCDDS supports the Employment First Initiative established by the State of Ohio. Community employment is the goal for each person who is able to work in the community. Community employment means competitive, integrated employment within the community; Supported Employment Enclave is not considered to be community employment.

Supported Employment Community Services

To support this goal, HCDDS will authorize Supported Employment Community services and the related NMT to any eligible person who requests the service. Upon request for funding, if the person does not already have an ADA slot and, the Funding Unit will assign a special SE Slot. The following apply to these SE Slots:

1. The person with the SE slot may only receive SE Community services; SE Enclave is not considered community employment and individuals with the SE slot may not have this service.
2. The person may not receive other Adult Day Array services such as vocational habilitation.

Job Coaching Transportation

Individuals who are receiving job coaching, funded by a source other than HCDDS or a DD waiver, such as BVR and who will later be authorized for Supported Employment Community services can as a last resort access a locally funded service called job coaching transportation. This service is authorized following the same guidelines as are followed for NMT. The following provisions also apply to this service:

1. Natural resources such as family, co-workers or others should be utilized first.
2. Individuals who are able to pay for their own transportation shall do so.
3. If BVR is funding the job coaching, the request for transportation must be made to BVR first.

4. The provider of the job coaching shall provide an estimate to the SF of how long the job coaching phase will last; this is the amount of job coaching transportation that will be authorized.
 - If the job coaching phase is extended beyond the anticipated timeframe, the job coaching provider must submit a revision request form to HCDDS requesting the extension of the job coaching transportation.

NMT for Supported Employment

The principles outlined in the NMT portion of this procedure will be followed; HCDDS is the payer of last resort and individuals will be authorized for the least costly transportation option to meet the need.

Unrestricted Changes in Service Level

- To further support individuals to select Supported Employment Community options (community employment) HCDDS will allow individuals to increase Supported Employment hours if needed throughout a span to allow him or her to remain in the community job setting.
- Additionally, people who have a traditional ADA slot who were previously receiving center-based Adult Day Array services, who opt to seek community employment, will be permitted to return to a center based program should the community employment opportunity not work for him/her.
 - The goal is to encourage people to seek community employment without fear that he or she would not be permitted to return to his/her prior ADA program.
 - The ADA funds will be available to the person for up to 6 months after leaving an ADA program for a community job.

This unrestricted authorization of SE services is subject to change based upon available funding.

General Guideline for level of SE services

In general, most people will need a higher level of SE services during the first six months of employment in a new job. During this first six months, the goal is to authorize no more than 5 hours per week of SE services. After the first six months, the ideal level of SE services is approximately 1 hour per week or 50 to 60 hours per span.

Acuity Assessment Instrument

The acuity assessment instrument (AAI) is used to determine the staff intensity needed for the provision of adult day array services, and is completed for all individuals, with and without a waiver.

- The AAI must be completed prior to the start of ADA services. The provider may not bill for services until the AAI score is submitted and effective
- The AAI must be completed by the Service Facilitator and submitted to DODD (the SF can seek input from the provider).
- Once the AAI is complete, the SF will submit the score on the DODD website.
- If an individual changes programs/providers, the AAI score previously assigned remains in effect. **The AAI score is based on the individual; not based on the program.**
- The AAI is reviewed annually and changes will be made and submitted as appropriate by the SF.
 - The only other time an AAI should be changed is if the individual has a significant change in condition/needs.
- If there is more than one provider involved and there is a discrepancy between the input received by providers, the Service Facilitator must decide which is accurate and submit the AAI accordingly. **There can only be one AAI for each person.**
- The score results in the assignment of the individual to one of four staff intensity ratios which determines the rates paid to the provider for the service.

The staff intensity groups are:

Group	Staffing Ratio
A	1 staff to 12 individuals (note: A1 and A have the same score result but depends upon provider group size – check with provider if uncertain.)
A1	1 staff to 16 individuals
B	1 staff to 6 individuals
C	1 staff to 1 to 3 individuals

- The service facilitator informs the individual and provider of their group assignment initially and any time the group assignment changes as a result of the AAI being re-administered. The score is listed on the My Plan.
- Changes in group assignments other than between A and A1 can be made only if the AAI score changes or as a result of an administrative review.
- Any change in the AAI score must be reported to the funding unit as well as this affects authorization of services.

Administrative Review

When the staffing ratio and resulting budget limitation from the AAI are not sufficient to meet the needs of the individual, an administrative review may be requested.

- The Service Facilitator is responsible for telling the individual and provider about the right to request an administrative review.
 - The provider may bring the need for an administrative review to the attention of the service facilitator.
- **The Service Facilitator must complete the AAI Administrative Review Form** (the SF may seek input from providers).
- A new administrative review must be done for every plan year it is needed.

To complete the administrative review:

To request an administrative review for locally funded ADA, the steps below are followed except that nothing is sent to DODD. The decisions are made internally and the HCDDS appeal procedure applies.

1. The adult day array administrative review request is completed electronically on form CSDSL024 by the service facilitator and sent to the regional supervisor.
2. The regional supervisor will review and forward to the Assistant Director of CS.
3. This request is reviewed and sent to the designated person in the Funding Unit who tracks and sends the request to DODD.
4. DODD has 30 days to make a decision about the administrative review request.
5. DODD notifies the individual and HCDDS of the decision.
6. The person at HCDDS who receives the decision forwards it to the service facilitator, the provider and the funding support unit. (DODD also notifies the individual in writing of the right to appeal.)
 - If DODD approves the administrative review request:
 - The individual is assigned the new acuity group and funding range effective on the date DODD renders their decision.
 - The approval is effective only for the remainder of the individual's span. The administrative review must be resubmitted for each new span.
 - The Service Facilitator will document that the administrative review was approved in the comments section of the My Plan with the approved dates and funding range.
 - The Funding Unit submits a new PAWS within 15 days of the approval of the department of an administrative review request.
 - If the department denies the administrative review request:
 - The SF initiates the planning process to determine if the individual can be safely served in their current staffing ratio or if an alternative program can meet their needs within the assigned ratio.
 - The My Plan will be revised to show any changes that are made to services.

ATTACHMENT E

Southwestern Ohio COG Feasibility Study



Completed on: August 30, 2013

By Clearwater Council of Governments

Executive Summary

In June 2013, the Southwestern Ohio Council of Governments contracted with the Clearwater Council of Governments to conduct a feasibility study. This study was to determine and include the following:

- 1.) The current service needs/wants of each county as it relates to potential COG services.
- 2.) The administrative needs and staffing needs to accommodate potential COG services.
- 3.) The financial demand and county commitments related to potential COG services.
- 4.) The amount of time required of Clearwater COG staff to provide short-term supervision of Southwestern Ohio COG operations.

In order to provide the best feasibility results, this report is written to reflect the various components of the study, including the introduction, the service descriptions, the business structure, the capital commitments, and recommendations.

Introduction

This section of the report outlines the justification, the purpose, and the scope of the study as it relates to the Southwestern Ohio COG.

Service Descriptions

This section of the report outlines what services the Southwestern Ohio COG will potentially offer to member counties.

Business Structure

This section of the report outlines the staffing needs, related average annual salaries, and the fee structures as it relates to the offered services.

Capital Commitments

This section of the report outlines the financial demands and the needed capital to expand the services of the Southwestern Ohio COG.

Recommendations

This section of the report outlines the suggested plan of action as determined by the consultants.

Introduction

The purpose of the feasibility study was to determine the Southwestern Ohio COG's options for expansion of services provided.

The scope of the feasibility study included:

- 1.) Assessing the service needs of the COG for Butler, Clark, Clermont, Clinton, Greene, Hamilton, and Warren counties.
- 2.) Evaluating the staffing needs.
- 3.) Determining the financial commitment.

Service Descriptions

The consultants compiled a list of the services currently offered by the six other service-based COGs across the state. These services were reviewed and discussed with each county as a starting point in an effort to determine desired service needs (See Attachment 1 - "Potential Southwestern Ohio COG Services"). As a result of these discussions, additional ideas for services arose.

Counties were then asked to classify each service as a "Yes", "No", "Maybe", "Loan", or "Share". The designation "Loan" indicated the potential for a county to loan staff to another county for a fee. The designation "Share" indicated the potential for a county to trade services (i.e. Behavior support staff for EI staff) at no cost to either county. The designation of the yellow highlight indicates the services that at least five counties were interested in purchasing and the bold listings designate the top priorities among counties.

The following grid represents the top shared interests among counties.

Common Services Across Counties – Table 1

Number of Counties Interested	Service
7	Enhanced Monitoring
7	MUI
7	Payee
7	Training/Technical Assistance
6	Complaint Resolution/Mediation
6	OEDI/COEDI
6	Substitute SSA
6	PT/OT/Speech
6	Human Resources
5	Investments
5	Check Writing
5	Family Support
5	Provider Relations
5	Public Relations

The following grid demonstrates the top priorities for each county as designated in bold print as outlined on Attachment 1 – “Potential Southwestern Ohio COG Services”.

Top Priorities – Table 2

Number of Counties Interested	Service
4	OEDI/COEDI
3	MUI
3	Provider Relations
2	Payee
2	Accreditation Readiness Reviews
2	Behavior Support
2	Special Olympics/Athletic League
2	Benefits Analyst
2	Public Relations
1	Enhanced Monitoring
1	Substitute SSA
1	Check Writing
1	Investments
1	Human Resources
1	Family Support
1	Training/Technical Assistance
1	PT/OT/Speech
1	Complaint Resolution/Mediation
1	Individual Budgets
1	Medication Administration QA
1	Medication Administration Certification
1	Self-Advocacy Development
1	Employment First
1	Information Technology

The following grid represents services that were the top shared interests and all of the top priorities as chosen by each county.

Shared Interests & Top priorities – Table 3

Number of Counties Interested	Number of Counties Listed as a Priority	Service
7	1	Enhanced Monitoring
7	3	MUI
7	2	Payee
7	1	Training/Technical Assistance
6	1	Complaint Resolution/Mediation
6	4	OEDI/COEDI
6	1	Substitute SSA
6	1	PT/OT/Speech
6	1	Human Resources
5	1	Investments
5	1	Check Writing
5	1	Family Support
5	3	Provider Relations
5	2	Public Relations
2	2	Accreditation Readiness Reviews
2	2	Behavior Support
2	2	Special Olympics/Athletic League
2	2	Benefits Analyst
1	1	Individual Budgets
1	1	Medication Administration QA
1	1	Medication Administration Certification
1	1	Self-Advocacy Development
1	1	Employment First
1	1	Information Technology

Business Structure

As part of the feasibility study, the consultants gathered information related to the various fee structures associated with other COGs across the state to provide SWOCOG with a general idea of how services are funded at the COG level (see Attachment 2 – “COG Fee Structures”). COGs receive revenue from a variety of sources and these sources are generally listed in a master contract between the COG and its member counties. Examples of funding sources for COGs include county board local funds, Medicaid Administration Claiming funds, and Targeted Case Management funds.

Additionally, the consultants compiled a salary survey of key positions in COGs to demonstrate average staff salaries related to various COGs across the state (see Attachment 3 – “Average Salary Survey”). This information was obtained through a salary survey completed by COGs in early 2013 and also through information obtained from the Ohio Association of County Boards of Developmental Disabilities salary survey. It is important to note that the salaries listed in the survey do not include payroll costs or benefits, such as health insurance and PERS contributions.

Moving forward, the SWOCOG Board will need to make decisions regarding the “Options for Administrative Structure” and the “Options for Service Structure”.

Options for Administrative Structure

In determining what initial staffing needs SWOCOG would require, the consultants prepared four options for the SWOCOG board to consider.

Option 1: Hire an Executive Director who is willing to create and develop programs; maintain the two current COG staff.

EXECUTIVE DIRECTOR COST = \$79,750 + BENEFITS (Note: The salary range for a COG Executive Director is \$65,000-\$101,800).

CURRENT COG STAFF COST = \$149,170 (INCLUDES BENEFITS AND PAYROLL COSTS)

TOTAL COST = \$228,920

Option 2: Contract with someone to function as an Executive Director on a part-time basis and hire a full-time “creative” program developer to create and design program services; maintain the two current COG staff.

EXECUTIVE DIRECTOR COST = \$24,000 (\$500 PER DAY/ONCE A WEEK/FOR A YEAR)

PROGRAM DEVELOPER COST = \$44,373 + BENEFITS

CURRENT COG STAFF COST = \$149,170 (INCLUDES BENEFITS AND PAYROLL COSTS)

TOTAL COST = \$217,543

Option 3: Hire an Executive Director; hire a Program Developer; maintain the two current COG staff.

EXECUTIVE DIRECTOR COST = \$79,750 + BENEFITS

PROGRAM DEVELOPER COST = \$44,373 + BENEFITS

CURRENT COG STAFF COST = \$149,170 (INCLUDES BENEFITS AND PAYROLL COSTS)

TOTAL COST = \$273,293

Option 4: Combine with an existing COG to share administrative resources.

TOTAL COST = DETERMINED BY JOINT BOARDS

*For salary guidance for the Administrative Structure (Executive Director and Program Manager), refer to Attachment 3 – “Average Salary Survey”.

Options for Service Structure

In determining what services SWOCOG could offer, the consultants prepared two options based on each county’s shared interests and top priorities.

Option One

Offer services based on common interests across counties (See Table 1). This table outlines the top shared interests that include at least five counties.

HR	Business	MUI	Program	Contract
Public Relations	Payee	½ time investigator for non-protocols	Enhanced Monitoring	PT
Staff Orientation	Investments	Overflow	Training/Technical Assistance	OT
Salary Assessments	Check Writing	Back-up	OEDI/COEDI	Speech
Hearing Officers	Family Support		Substitute SSA	
Administrative Investigations			Provider Compliance	
Risk Analysis			Provider Certification	
ADA/EEO/Wellness			Provider Training	
			Complaint Resolution/Mediation	

Human Resources: This service would be shared across counties and coordinated by the COG administration. There would be no immediate costs and no need for additional staff. For example, Butler County HR staff would provide hearing officers or conduct administrative investigations for Hamilton County and vice-versa. Major HR projects (salary assessments, risk analysis, EEO, or wellness program development) could either be purchased via a shared contract with a Human Resources firm that specializes in that area. The COG could hold contracts with multiple firms based on the firm’s specific expertise.

Total Cost for Human Resources Services: Determined by contract needs.

Total Staff Needed: 0

Business Services:

Payee service is a service that should be developed slowly and only be provided to people as a last resort. This service could be absorbed into the current SWOCOG staffing structure and as this service expands, evaluate the need for additional staff.

Investment services would require no additional staffing to the COG and is best suited to be provided by an investment firm or financial institution. Administrative staff of the COG can work to develop this linkage with investment and financial firms.

Check writing services would require no additional staffing and could be absorbed by the current SWOCOG staffing structure.

Family Support services are already being provided to Butler, Clermont, and Hamilton counties utilizing the current SWOCOG staff. Warren and Clark counties have indicated possibly moving this service to the COG. If this occurs, a half-time staff person would be needed to accommodate this service.

Total Additional Cost for Current Business Services: 0

Total New Staff Needed: 0

Total Cost for Business Services if Warren & Clark purchase FSS: \$15,562 + benefits

Total Staff Needed if Warren & Clark purchase FSS: ½ time person

MUI Services:

Requested services for MUI include the need for a ½ time investigator for non-protocol investigations for one county and conducting investigations for the overflow of three counties. This would necessitate the need for a full time Investigative Agent.

Additionally, five counties requested back up services and three counties requested an investigator to conduct MUI investigations involving CB or ICF staff. Hamilton and Warren counties indicated they could loan Investigative Agents and these services could either be handled via loaning or sharing.

Total Cost for MUI: \$42,073 + benefits

Total Staff Needed: 1 full time

Program Services (Enhanced Monitoring, Training/Technical Assistance, OEDI/COEDI, Substitute SSA, Provider Compliance, Provider Certification, Provider Training, and Complaint Resolution/Mediation):

Due to the nature of program needs, the variety of services requested, and the amount of people being supported through waiver programs and local services, SWOCOG would need to hire a program developer to assess the actual service and staffing needs based on the number of people supported in order to determine actual costs for each program service that is offered. The program developer can then begin to provide the services and over time become the program supervisor.

Total Cost for Initial Program Services: \$44,373 + benefits

Total Initial Staff Needed: 1 full time

Contracted Services (OT, PT, and Speech):

All therapy services would be conducted through a contractual agreement and not through a direct employment relationship. The program developer could immediately begin to seek these service providers.

Total Cost for OT, PT, and Speech: Dependent on the negotiated rate for each service

Total Staff Needed: 0

*For average salary information for these positions, refer to Attachment 3 – “Average Salary Survey”

Option Two

Offer services based on shared services and top priorities across counties (See Table 3). This table outlines the shared services and top priorities among counties and includes every county’s top priorities.

HR	Business	MUI	Program	Contract
Public Relations	Payee	½ time IA for non-protocols	Enhanced Monitoring	PT
Staff Orientation/Certification	Investments	Overflow	Training/Technical Assistance	OT
Salary Assessments	Check Writing	Back-up	OEDI/COEDI	Speech
Hearing Officers	Family Support		Substitute SSA	Behavior Support
Administrative Investigations	Individual Budgets		Provider Compliance	
Risk Analysis	Information Technology		Provider Certification	
ADA/EEO/Wellness			Provider Training	
			Accreditation Readiness Reviews	
			Special Olympics/Athletic League	
			Benefits Analyst	
			Medication Administration QA	
			Medication Administration Certification	
			Self-Advocacy Development	
			Employment First	
			Complaint Resolution/Mediation	

Human Resources: This service would be shared across counties and coordinated by the COG administration. There would be no immediate costs and no need for additional staff. For example, Butler County HR staff would provide hearing officers or conduct administrative investigations for Hamilton County and vice-versa. Major HR projects (salary assessments, risk analysis, EEO, or wellness program development) could either be purchased via a shared contract with a Human Resources firm that specializes in that area. The COG could hold contracts with multiple firms based on the firm's specific expertise.

Total Cost for Human Resources: Determined by contract needs.

Total Staff Needed: 0

Business Services:

Payee service is a service that should be developed slowly and only provided to people as a last resort. This service could be absorbed into the current SWOCOG staffing structure. As this service expands, evaluate the need for additional staff.

Investment services would require no additional staffing to the COG and is best suited to be provided by an investment or financial institution. Administrative staff of the COG can work to develop this linkage with investment and financial firms.

Check writing services would require no additional staffing and could be absorbed by the current SWOCOG staffing structure.

Family Support services are already being provided to Butler, Clermont, and Hamilton counties utilizing the current SWOCOG staff. Warren and Clark counties have indicated possibly moving this service to the COG. If this occurs, a half-time staff person would be needed to accommodate this service.

Total Additional Cost for Current Business Services: 0

Total New Staff Needed: 0

Total Cost for Business Services if Warren & Clark purchase FSS: \$15,562 + benefits

Total Staff Needed if Warren & Clark purchase FSS: ½ time person

MUI Services:

Requested services for MUI include the need for a ½ time investigator for non-protocol investigations for one county and conducting investigations for the overflow of three counties. This would necessitate the need for a full time Investigative Agent.

Additionally, five counties requested back up services and three counties requested an investigator to conduct MUI investigations involving CB or ICF staff. Hamilton and Warren counties indicated they could loan Investigative Agents and these services could either be handled via loaning or sharing.

Total Cost for MUI: \$42,073 + benefits

Total Staff Needed: 1 full time

Program Services (Enhanced Monitoring, Training/Technical Assistance, OEDI/COEDI, Substitute SSA, Provider Compliance, Provider Certification, Provider Training, Accreditation Readiness Review, Benefits Analyst, Employment First, and Complaint Resolution/Mediation):

Due to the nature of program needs, the variety of services requested, and the amount of people being supported through waiver programs and local services, SWOCOG would need to hire a program developer to assess the actual service and staffing needs based on the number of people supported in order to determine actual costs for each program service that is offered. The program developer can then begin to provide the services and over time become the program supervisor.

Special Olympics/Athletic League is a service that was requested by two counties and could be accommodated by a 30 hour/per week COG employee that would act as a local coordinator for one county and would also act as the administrator for the entire athletic league. The cost of the staff salary and the rest of the athletic league budget (referees, trophies, etc.) would be shared, 60%/40%, by the two involved counties.

Total Cost for Athletic League: \$55,230*

Total Staff Needed: 1 (30hr/week)

***This fee has been structured to align with Clearwater COG.**

Medication Administration Quality Assurance: This appears to be a service that could be loaned at a cost determined by the loaner county. The COG administration would assist the loaner counties with the coordination and agreements regarding this service.

Total Cost for Medication Administration Quality Assurance: 0

Total Staff Needed: 0

Medication Administration Certification: This appears to be a service that could be loaned at a cost determined by the loaner county. The COG administration would assist the loaner counties with coordination and agreements regarding this service. Additionally, the COG administration would develop a list of trainers of this service that could be made available to all service providers.

Total Cost for Medication Administration Certification: 0

Total Staff Needed: 0

Self-Advocacy Development: This appears to be a service that could start as an agreement to share between counties for no additional cost. Two counties have strong self-advocacy efforts in place and could share their expertise with the other interested counties. Future development could be determined by the program developer.

Total Cost for Self-Advocacy Development: 0

Total Staff Needed: 0

Contracted Services (OT, PT, Speech, and Behavior Support consultation):

All therapy and behavior support consultation services would be conducted through a contractual agreement and not through a direct employment relationship. The program developer could immediately begin to seek these service providers.

Total Cost for OT, PT, Speech, and Behavior Support: Dependent on the negotiated rate for each service

Total Staff Needed: 0

*For average salary information for these positions, refer to Attachment 3 – “Average Salary Survey”.

Capital Commitments

The financial demands of the Southwestern Ohio COG’s expansion will vary depending on the chosen Administrative Structure options and the chosen Service Structure options. Below is a list of four possible options that outline various Administrative Structure and Service Structure combinations. In total, there are seven possible combinations that could be chosen; however, for purposes of repetitions, only four are shown below.

Option A: (Combines Administrative Structure Option 1 & Service Structure Option 1)

Staffing: Hire an Executive Director who will develop services **based on shared interest** and assess how many additional staff is needed for the program areas; maintain the current COG staff; contract for Human Resource projects and OT, PT, and Speech.

Services offered: Public Relations, hearing officers, administrative investigations, Payee, Investments, Check Writing, Family Support, ½ time IA, MUI overflow and back-up, Enhanced Monitoring, Training/Technical Assistance, OEDI/COEDI, Substitute SSA, Provider Compliance, Provider Certification, Provider Training, and Complaint Resolution/Mediation.

Cost w/o Warren & Clark FSS

Executive Director (\$79,750 + benefits)

Investigative Agent (\$42,073 + benefits)

Current COG staff (\$149,170 includes benefits)

Total Cost = \$270,993

Cost with Warren & Clark FSS

Executive Director (\$79,750 + benefits)

Investigative Agent (\$42,073 + benefits)

½ time Business staff (\$15,562 + benefits)

Current COG staff (\$149,170 includes benefits)

Total Cost = \$286,555

Option B: (Combines Administrative Structure Option 2 & Service Structure Option 2)

Staffing: Contract with someone to function as a part-time Executive Director; hire a program developer to assess the staffing needs in the program areas **based on shared interests and priorities**; maintain current COG staff; contract for OT,PT, Speech, Behavior Support services, and major HR projects.

Services offered: Public Relations, hearing officers, administrative investigations, Payee, Investments, Check Writing, Family Support, ½ time IA, MUI overflow and back-up, Enhanced Monitoring, Training/Technical Assistance, OEDI/COEDI, Substitute SSA, Provider Compliance, Provider Certification, Provider Training, Complaint Resolution/Mediation, Accreditation Readiness Reviews, Special Olympics/Athletic League, Benefits Analyst, Individual Budgets, Medication Administration QA, Medication Administration Certification, Self-Advocacy Development, Employment First, and Information Technology.

Cost w/o Warren & Clark FSS

Executive Director (\$24,000)

Program Developer (\$44,373 + benefits)

Investigative Agent (\$42,073 + benefits)

Special Olympics (\$55,230)

Current COG Staff (\$149,170 includes benefits)

Total Cost = \$314,846Cost with Warren & Clark FSS

Executive Director (\$24,000)

Program Developer (\$44,373 + benefits)

Investigative Agent (\$42,073 + benefits)

½ time Business staff (\$15,562 + benefits)

Special Olympics (\$55,230)

Current COG staff (\$149,170 includes benefits)

Total Cost = \$330,408**Option C: (Combines Administrative Structure Option 3 & Service Structure Option 2)**

Staffing: Hire an Executive Director; hire a program developer to assess the staffing needs in the program areas **based on shared interests and priorities**; maintain current COG staff; contract for OT,PT, Speech, Behavior Support services, and major HR projects.

Services offered: Public Relations, hearing officers, administrative investigations, Payee, Investments, Check Writing, Family Support, ½ time IA, MUI overflow and back-up, Enhanced Monitoring, Training/Technical Assistance, OEDI/COEDI, Substitute SSA, Provider Compliance, Provider Certification, Provider Training, Complaint Resolution/Mediation, Accreditation Readiness Reviews, Special Olympics/Athletic League, Benefits Analyst, Individual Budgets, Medication Administration QA, Medication Administration Certification, Self-Advocacy Development, Employment First, and Information Technology.

Cost w/o Warren & Clark FSS

Executive Director (\$79,750 + benefits)
 Program Developer (\$44,373 + benefits)
 Current COG staff (\$149,170 includes benefits)
 Investigative Agent (\$42,073 + benefits)
 Special Olympics (\$55,230)

Cost with Warren & Clark FSS

Executive Director (\$79,750 + benefits)
 Program Developer (\$44,373 + benefits)
 Current COG staff (\$149,170 includes benefits)
 Investigative Agent (\$42,073 + benefits)
 ½ time Business staff (\$15,562 + benefits)
 Special Olympics (\$55,230)

Total Cost = \$370,596

Total Cost = \$386,158

Option D: (Administrative Structure Option 4)

Staffing: Combine with an existing COG to share administrative resources.

Services offered: Dependent on the availability of current offered services.

Total Cost: Determined by joint boards.

Recommendations

After completing the feasibility study and reviewing the options, the consultants believe that the Southwestern Ohio COG has the potential to become one of the most uniquely operated COGs in Ohio. Most of the member counties and potential member counties have an abundance of knowledgeable staff which could readily be loaned out or shared with other counties as another means of pooling resources and saving money. Additionally, many of the chosen services among counties were similar and can be easily combined into a COG shared service.

Based on our determinations, the following is a list of recommendations for the SWOCOG Board to review:

- 1.) Consider implementing Option B as a starting point for your administrative staffing needs, as well as for your start-up service needs. If the board chooses this option and desires Clearwater COG to provide the Executive Director function on a short-term basis, it is believed that this could be accomplished through on-site visits 2-4 days per month and the availability by telephone or email the remainder of the time. Clearwater COG's rate for this service would have to be agreed upon by both boards.
- 2.) Determine your actual upfront costs for newly hired COG staff (accurate salaries, benefits, etc.).

- 3.) Include current COG administrative costs from 2013 COG budget (\$24,900) and determine any additional costs (office space, equipment, supplies, etc.)
- 4.) Once these costs have been identified, determine the total upfront cost and how these costs will be shared.
- 5.) Consider moving current COG staff to COG employees and operate payroll functions through a financial agreement with a member county.

*Note: Butler, Hamilton, and Warren are willing to contribute start-up funds.

Greene is willing to ask the board.

Clark is willing to contribute to start-up funds if their levy passes.

Clermont is willing to contribute to start-up funds if more than four counties contribute.

Clinton cannot contribute start-up funds, but would purchase some services and gradually move other services to SWOCOG from SOCOG. At this time, Clinton intends to purchase services from both SWOCOG and SOCOG.

HAMILTON COUNTY DD SERVICES CONTRACTED SERVICES

Overview

The Contract Services provides coordination of all HCDDS contracts. These contracts include providers of adult services, supported living, children's services, transportation, and other services. Contracted Services provides information to service facilitators to enable them access to available resources and programs.

Overview of Functions

Contract Coordination

Contract coordination insures the terms and scope of the contracts are carried out as stated in the contract agreement. The Contract Manager works closely with providers on issues such as contract language, quality assurance, enrollment, resource allocation, billing, and program enhancement. New programs and/or provider needs are reviewed and developed. The Contract Manager also negotiates rates with providers.

Contract Services is responsible for the following functions:

- Contract development
- Contract negotiation
- Enrollment monitoring
- Contract oversight and monitoring
- Program monitoring/development
- Assistance in billing
- Information sharing regarding training and procedures
- Providing staff information on services and programs available

HAMILTON COUNTY DD SERVICES CONTRACTED SERVICES

Procedure for Contract Development

Definitions

An agency provider is a private, independent contractor and is not considered an employee, agent or partner of the Board. The agency provides a direct service to an individual with mental retardation or developmental disabilities.

An Individual Provider is person acting alone to provide services to an individual with mental retardation or developmental disabilities. An individual provider may provide services in the place of residence or in the community.

Contract Development

Contracts will be written for residential providers when they are chosen to provide services to an individual(s). Contracts will be written for providers of vocational, day program, and other services as they become active providers.

Intermediate Care Facilities for Individuals with Developmental Disabilities are group homes funded through the Department of Health.

Supported Living provides supports to individuals living in family homes or in their own homes. The provider is required to be certified for Supported Living, the Individual Options Waiver or the Level One Waiver if any individual(s) served receives funding through these sources.

Planned and Emergency Respite is provided by several supported living and group home provider agencies. Respite Services is included in the Supported Living Services Agreement for those providers who provide that service. It is possible for any certified provider to provide respite services.

Adult Services and Day Program Services provide vocational and/or day program services to individuals.

General Services contracts are written for all other types of services to individuals funded through HCDDS.

A provider shall not sign or issue a document or a statement that the provider knows to contain a false or misleading statement.

A provider shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisements when marketing the supports they offer. A provider will also not engage in practices that undermine the marketing efforts of other providers or present other service providers in a negative manner.

A provider shall not actively steer the individual's decisions regarding any support service. Providers are expected to be aware of this potential and make a reasonable effort to prevent it from occurring. (This may be of particular relevance when a provider has an established provider relationship with an individual.)

A provider shall make all relevant parties aware of any material changes to contracts or documents that would change the nature of the supports being provided.

HAMILTON COUNTY BOARD OF MR/DD CONTRACTED SERVICES TEAM

Procedure for Contract Monitoring

The steps outlined below represent the processes that Hamilton County Developmental Disabilities Services has established and implement in an effort to continually monitor the quality of services provided to each individual served. We emphasize that the individual's choice and needs drive the services that are provided and work to ensure that the provider follows the individual's directives and to ensure that the services provided are satisfactory. These processes are described in the policies and procedures of HCDDS. Contract Services monitors contracts and also participates in HCDDS monitoring efforts.

Contract Review

On an annual basis Contract Services reviews all the active contracts. Utilization, cost-effectiveness, and outcomes are evaluated at this time. On an ongoing basis, contracts are reviewed and may be amended or discontinued if needed.

Service Facilitation

The Service Facilitator for each individual continually monitors the services for each individual he/she serves. This involves home visits, phone communication, and meeting with the individuals, families, and other professionals. The SF insures the individual's choices are the first consideration and assists his/her team to work toward the ends that the individual has established. The SF writes a service plan for each individual spelling out what is important to him/her and what will be done to assist him/her. At least twice a year, the SF conducts a formal assessment for each individual served when he/she reviews the documentation of services in the individual's residence. Any indications that the individual's plan is not being implemented as contract are addressed and corrected.

Administrative Oversight

At least twice annually, and more often if necessary, the Contract Services Manager meets with each provider agency to address systems issues as well as individual-specific issues. This dialogue offers both parties the opportunity to monitor the quality of services provided and collaborate on strategies for improvement. Contract Services also addresses systems issues with providers.

Quality Improvement Reviews

Our internal Quality Improvement Department conducts a QI Review at least every three years. The priorities established by the Ohio Department of Developmental Disabilities are assessed and the provider submits a plan of correction addressing every issue that is out of compliance. As a part of this process, HCDDS contracts with the ARC of Hamilton County to conduct a “Quality of Life” Review that highlights ways to improve the life of the individual. The ARC interviews a variety of individuals who are connected to the individual in order to prepare comprehensive recommendations. Of course, ODODD and/or CMS also conduct reviews of samples of the individuals we serve on an annual basis. The Quality Assurance Reviews for providers are available for families to review along with provider profiles.

Financial Audits

Business Services staff conducts audits for many providers who are new or who are not meeting the established requirements. The goal is that each individual is receiving all the services being billed and that the personal finances of each individual are being properly accounted for.

Technical Assistance

Technical assistance is provided ongoing either at the request of the provider or at the request of our Quality Improvement Department. Contract Services, Quality Assurance Services, and/or Business Services personnel provide on-site and off-site assistance by evaluating the Provider’s current practices and making recommendations for improvements.

Complaint Process

The HCDDS has also established a formal process to deal with complaints whether from an individual, a family member, or any other person who contacts one of our staff. The complaint is recorded along with the response of the staff to the concern. This is a valuable monitoring tool. Typically it is a complaint that prompts a special visit from the Service Facilitator, an MUI investigation, or intervention by Contract Team, or other Board staff.

Conclusion

The HCDDS also offers ongoing training opportunities for residential and day program providers. New provider training is offered on request for residential providers to give an overview the expectations for a provider in Hamilton County. Provider training for day program providers is offered twice on request. Medication Administration Training is offered for providers by our nurse to equip providers and meet the Delegated Nursing Rule. Our Training Department offers training on numerous topics when appropriate.

Tax Levy Performance Review of HCDDDS
 Comparative Data and Analysis
 2011 Expenditures per Client

Highest \$/client to Lowest	ALL PEER										
	Child 0-2	Child 6-21	Composite 0-21	Adults	Support Admin	Community Residential	Medicaid Admin	General Admin	Support Services	Direct Services	Transportation
1	Montgomery	Hamilton	Hamilton	Cuyahoga	Butler	Franklin	Summit	Summit	Cuyahoga	Cuyahoga	Cuyahoga
2	Cuyahoga	Franklin	Franklin	Montgomery	Cuyahoga	Hamilton	Warren	Butler	Butler	Warren	Summit
3	Franklin	Cuyahoga	Montgomery	Summit	Warren	Butler	Cuyahoga	Cuyahoga	Hamilton	Montgomery	Franklin
4	Clermont	Clermont	Cuyahoga	Franklin	Hamilton	Cuyahoga	Butler	Warren	Summit	Hamilton	Montgomery
5	Lucas	Warren	Warren	Lucas	Franklin	Warren	Montgomery	Hamilton	Montgomery	Franklin	Hamilton
6	Warren	Montgomery	Summit	Warren	Summit	Clermont	Hamilton	Montgomery	Lucas	Summit	Lucas
7	Hamilton	Lucas	Butler	Hamilton	Montgomery	Montgomery	Lucas	Lucas	Clermont	Lucas	Warren
8	Butler	Butler	Clermont	Clermont	Lucas	Summit	Franklin	Franklin	Warren	Butler	Butler
9	Summit	Summit	Lucas	Butler	Clermont	Lucas	Clermont	Clermont	Franklin	Clermont	Clermont

Highest \$/client to Lowest	LARGE PEER										
	Child 0-2	Child 6-21	Composite 0-21	Adults	Support Admin	Community Residential	Medicaid Admin	General Admin	Support Services	Direct Services	Transportation
1	Cuyahoga	Hamilton	Hamilton	Cuyahoga	Cuyahoga	Franklin	Cuyahoga	Cuyahoga	Cuyahoga	Cuyahoga	Cuyahoga
2	Franklin	Franklin	Franklin	Franklin	Hamilton	Hamilton	Hamilton	Hamilton	Hamilton	Hamilton	Franklin
3	Hamilton	Cuyahoga	Cuyahoga	Hamilton	Franklin	Cuyahoga	Franklin	Franklin	Franklin	Franklin	Hamilton

Source: Ohio DODD Revenue and Expenditure Report

Term	Definition
ACA	Affordable Care Act, enacted in 2010, with the goals of increasing the quality and affordability of health insurance.
ADA	The Americans with Disabilities Act, enacted in 1990, prohibits discrimination against persons because of their disabilities. The ADA serves as a "comprehensive national mandate for the elimination of discrimination against individuals with disabilities." (42 U.S.C. 12101(b)(1)) The ADA targets three major areas: Title I addresses discrimination by employers; Title II addresses discrimination by governmental entities; and Title III addresses discrimination in public accommodations operated by private entities.
Advocacy	Activities in support of people with developmental disabilities including rights protection, legal and services assistance, and system or policy changes.
AICPA	American Institute of Certified Public Accountants
Assessment	A formal or informal evaluation of an individual's needs for supports and specialized services. Evaluation findings form the basis for determining an individual's level of care (LOC), and for writing a person's Individual Service Plan (ISP).
Assistive Technology	Assistive Technology (AT) can be a device that is used to increase, maintain, or improve the functional capabilities of a person with a disability or a service that directly assists a person with a disability in the selection, acquisition, or use of an assistive technology device. Examples of AT include augmentative communication devices which assist a person who cannot communicate through speech to communicate with others, and adaptive equipment which assists a person to write (such as an adapted pencil or arm brace), or move objects in the person's environment (such as a switch or remote control device).
At risk	Example: When a disease has not yet happened to a person, but because of conditions, it is likely to occur, that person is considered to be 'at risk' for the condition.
Behavior Support Plan (BSP)	Defines how services and supports are used to address behavior issues for a person.
CARF	Council on Accreditation of Rehabilitation Facilities performs a review regarding the quality of care in residential facilities. Successful surveys result in CARF Accreditation.
Case Manager	A case manager is another term for a Service and Support Administrator (SSA -- see below).
COG	Councils of Government.
Developmental Disabilities	Conditions that may impair physical or intellectual/cognitive functions or behavior, and occur before a person is age 22.
Disability	A mental or physical condition that is restricting or limiting, or interferes with various activities.
DODD	The Ohio Department of Developmental Disabilities.
EI	Early Intervention. Services for children from birth through age 2.
EPAT	Evaluation, Planning and Assessment Team
ERIP	Early Retirement Incentive Program
Family Support	Persons identified by the individual with disabilities as either family members or significant others who provide necessary support.
Family Supported Services	Locally-paid services, rather than waiver services.
FTE	Full-time equivalent employee
GA	General Assembly

HIPAA	Health Insurance Portability and Accountability Act of 1996. The HIPAA Privacy Rule creates national standards to protect individuals' medical records and other Protected Health Information (PHI).
ICDS	Integrated Care Delivery System
IDEIA	The Individuals with Disabilities Education Improvement Act (IDEIA) is a federal law that guarantees all eligible children with disabilities between the ages of 3 and 21 (or until the child graduates) the right to a free and appropriate public education designed to meet their individual needs. The Education for All Handicapped Children Act (Public Law 94-142) was an earlier version of the IDEIA.
IDS	Individual Data System: A client-centric data management system that is the single point of access to data collections about individuals the DODD serves, and/or supports. The IDS serves as a 'parent folder' for all systems applications. The houses all data about an individual, and allows users to modify multiple records without repeatedly using the client search function.
IEP	Individual Education Plan. It outlines the goals and objectives necessary to meet the educational needs of a person.
Independent Living	Independent living involves the belief that individuals with disabilities have the same rights and responsibilities as other people in society. Thus, services provided to the public should be accessible to persons with disabilities, and systems of support should be made available to help individuals with disabilities live within the community, and lead more independent lives.
IO Waiver	The Individual Options Waiver is a home and community-based waiver to let people receive the services they need in their own homes.
ISP	Individual Service Plan. Developed to identify specific services and supports needed and desired by an individual. The ISP describes all services and supports necessary, regardless of payor source, for a particular individual to maintain health and safety, and avoid institutionalization. The ISP should explain how each support service is intended to meet a need, as indicated in the most recent assessment of the individual's functioning levels.
Level 1 Waiver	This waiver offers several different services with set spending limits. Some limits can be changed with prior approval from the local County Board of Developmental Disabilities.
LSS	Life Satisfaction Survey
LRE	Least Restrictive Environment. One of the principles of normalization. It requires that people with disabilities receive services and support in environments that do not limit their life activities unnecessarily. For example, children with disabilities should be educated in ways that meet their needs, and least limits their opportunities to be near and interact with other children.
Medicaid Match	The federal government requires that the state/local government match federal government funds for Medicaid reimbursement services. In Ohio, this is about 60 percent federal and 40 percent state match.
Millage	The amount per \$1,000 that is used to calculate taxes on property. Millage rates are most often found in personal property taxes, where the expressed millage rate is multiplied by the total taxable value of the property to arrive at the property taxes due. (4.13% x 1,000,000 = 41,300)
MUI	Major Unusual Incident: The reporting system mandated by Ohio law that sets procedures to review and report allegations of abuse, neglect and other potentially serious incidents that occur in the Developmental Disabilities system.

ODM	Ohio Department Medicaid. Launched in July 2013, the Ohio Department of Medicaid (ODM) is Ohio's first Executive-level Medicaid agency.
ODMHAS	Ohio Department of Mental Health & Addiction Services
Olmstead v. LC	A U.S. Supreme Court decision that found that people with disabilities have rights to services in the least restrictive environment.
onset age	The age of a person when a condition, such as a developmental disability, first is found to be present.
ORC	Ohio Revised Code. Contains the laws of the State of Ohio.
PERS	Public Employee Retirement System
Provider	A person or agency that delivers services to people with disabilities.
Provider Agreement	A contract between ODM and a provider of Medicaid services in which the provider agrees to comply with the terms of the provider agreement, ODM, state, and administrative code.
Provider Pool	A listing of DODD-certified waiver/supported living providers who have expressed an interest to a specific County Board of Developmental Disabilities, or responded to an RFP, to provide waiver/supported living services within the county. The provider pool is maintained by the County Board, and this listing is made available to persons receiving services and supports. These individuals may select a provider who is a member of the pool, or may select a certified provider who is not a member of the pool, but who is otherwise qualified to provide supports which the individual requires.
QI	Quality Improvement
Residence County	County where a person lives -- used in preparing certain forms and determining eligibility of services by county.
Respite Care	A service designed to provide temporary residence for a person with a disability who ordinarily lives with family or friends, or to assume temporary responsibility for care of the person in his or her own home. This service provides back-up support, and in some cases relief, to people responsible for care of an ill or disabled person who ordinarily lives in their household.
School Age	Ages 3-22
SL	Supported Living. Defined as assistance directed toward individuals with disabilities, which enables them to live as independently as possible in their own communities, with supports as they choose.
SSA	A Service and Support Administrator (SSA) -- also called a service coordinator or case manager-- works with individuals and providers of services to coordinate services. For families who have a member with a disability, the SSA should provide the family with the resources and support the family needs to ensure that their family member with a disability receives services that are essential to their well-being, as well as monitor progress.
STRS	State Teachers Retirement System
Supported Employment	Paid employment in community settings for persons with severe disabilities who need on-going support to perform their work. Support can include on-the-job training, transportation or supervision.
Supported Living	Supported Living is a service model based on principles that emphasize a person's choice, self-determination and community integration.
SWOCOG	Southwestern Ohio Council of Governments
TCM	Targeted Case Management is the coordination of specialized services for an individual that helps them get the needed services, evaluates if the services are appropriate and monitors them. TCM is a Medicaid-reimbursed service,
UCEDD	University Center for Excellence in Developmental Disabilities

Waiting List	Each County Board of Developmental Disabilities establishes a waiting list when there are not enough resources to meet the needs of everyone requesting services. If a person asks for a service that has a waiting list, a county will document the request, along with the date and time it was requested, and place the person's name on the list if the service is desired within the next twelve months.
Waiver	Waiver is usually used in reference to the Home and Community-Based Waiver program where a state has applied for and received permission to use Medicaid funds to assist and keep people with disabilities in the community. Many of the restrictive requirements of using Medicaid monies are usually waived in these programs.