

**Board of County Commissioners Tax Levy Review Committee
Hamilton County, Ohio**

Hamilton County Developmental Disabilities Services

May 28, 2019

Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services
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i. Workprogram to Report Crosswalk

Task	Workprogram Steps		Report Reference/Comments
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.	Operations Analysis
	B	Conduct interviews with administrative and program staff to understand the HCDDS management and reporting of program and financial information.	Operations Analysis
	C	Collect information from HCDDS staff and relevant Federal, State and Local agencies regarding applicable legal service delivery of services delivered.	Operations Analysis
	D	Build a data table presenting each function, its current revenues and expenditures.	Historical Results
	E	Review the draft table with HCDDS management to assure completeness and accuracy.	
	F	Revise and finalize the 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.	Operations Analysis
	B	Review HCDDS controls which ensure that only Hamilton County residents are served using levy funding.	Per discussion with HCDDS staff, the Introduction & Eligibility (I&E) staff is the first point of contact for all potential clients of HCDDS. I&E obtains demographic information from the individual. If it is evident that the individual is not a resident of Hamilton County, then the I&E staff immediately refers them to their respective county's Developmental Disabilities Services and may attempt to connect via phone during the initial conversation.
	C	Conduct interviews with administrative and program staff to understand the HCDDS management and reporting of program and financial information.	Operations Analysis

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference/Comments
Task 2 (Continueud) - 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?	D	Build a five-year table by function showing average cost per client per year.	The average cost of services is included throughout the report
	E	Review the draft table with HCDDS 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 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.	Operations Analysis
	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.	Operations Analysis
	C	Working in cooperation with HCDDS staff, identify clients to participate in focus groups to obtain client perceptions regarding services provided through the HCDDS.	Strategic Planning
	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 services.	Operations Analysis
Task 4 - Comparison with private providers and other governmental agencies are being utilized before levy.	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)?	Comparative Data and Analysis
	B	Benchmark DDS's level of service when compared to other comparable Ohio counties.	Comparative Data and Analysis
	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.	Comparative Data and Analysis
		- Identify appropriate data sources	
		- 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.	
	- Prepare a comparative table of the data collected, including observations regarding significant apparent differences between HCDDS and other agencies.		

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference/Comments
<p>Task 4 (Continued) - Comparison with private providers and other governmental agencies are being utilized before levy.</p>	D	<p>Analyze HCDDS organizational structure, number of FTEs and compensation. Conclude as to propriety of organizational structure relative to similar organizations.</p>	<p>Analysis of Corporate Structure Including Organization Chart</p>
<p>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.</p>	A	<p>Analyze procedure for HCDDS selection of third party providers (including legal compliance).</p>	<p>HCDDS requires all providers to be certified. HCDDS has developed a procedure and process to ensure that provider contracts are fulfilled and billed in accordance with the expectations of the contract, corresponding state laws and regulations, as well as, DODD rules and regulations. This aligns with ORC 5126.05.</p>
	B	<p>Analyze amount and percentage of levy dollars, if any, going to third party providers located outside Hamilton County.</p>	<p>It is a policy of HCDDS to use providers in Hamilton County, however there are circumstances where the services required to meet an individual's needs are not available in Hamilton County. In addition, there is not a state operated development center (SODC) in Hamilton County so any placement into these facilities results in a payment to the State Treasurer. In years 2015-2017 the percentage is approximately 2% and it increased to 6% in 2018. (This is exclusive of the payments for the SODC.) The 2018 increase is a combination of an overall decrease in payments to providers but an increase in the utilization of the SODC.</p>

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference/Comments
Task 5 (Continued) - 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.	B	a. Working from data collected and reported in Task 1 and 2 prepare a spreadsheet for the preceding five -year tax levy period , showing revenues and expenditures by principal categories, including variance form 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.	Historical Results
		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 contracts, including payment approvals and quality assurance review.	Historical Results & Operations Analysis
		c. Review of documentation and evaluate the effectiveness of the outsourcing of operations of the Agency's adult centers.	Historical Results
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?	Historical Results
	B	Can the current HCDDS cost-structure be sustained without ongoing increases in taxpayer subsidies? Why or Why not?	Historical Results
	C	Review and analyze HCDDS strategic plan for the next levy period for comprehensiveness, reasonableness of assumptions and likelihood of success.	Effectiveness of Strategic Planning
	D	<p>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 HCDDS. Using this information, and experience in public strategic planning, Consultant shall prepare an evaluation of each strategic planning effort, addressing:</p> <ul style="list-style-type: none"> - 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. <p>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.</p>	

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference/Comments
Task 6 (Continued) - Historical review of HCDDS budget and projections and evaluate the impact of an aging population on HCDDS.	D	Review cost allocation for HCDDS administrative costs to the levy. Is the allocation methodology reasonable? Why or why not?	Financial Analysis and Forecast
	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.	Historical Results & Operations Analysis
	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.	Financial Analysis and Forecast
	G	Adjust the forecast for the tax levy, include a review of the projected annual fund balance needed due to timing of revenue streams versus expenditure requirements.	Financial Analysis and Forecast
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	Operations Analysis
	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.	Financial Analysis and Forecast
	C	Review and report on any funds which may be held by the State that help support local HCDDS services and project annual amounts.	Financial Analysis and Forecast
	D	Review and report on any proposed changes in federal, state or local funding mechanisms over the next levy period.	Financial Analysis and Forecast

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference/Comments
Task 7 (Continued) - Analyze any alternative sources of funding to ensure that any of these sources of funding are being utilized first.	E	In Task 3, 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.	MCM reviewed 15 individual's files to identify the providers and the related funding source(s). MCM reviewed documentation relating to payments and source of payments. Levy funds were used appropriately.
	F	Interview HCDDS management regarding the use of levy funds, state and federal funds, and alternative revenues for the payment of general administrative activities.	Operations Analysis
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 December 17, 2014 namely:	A	DDS should continue to aggressively pursue Medicaid waivers as a means to providing a broader range of services to its participants while minimizing cost obligations.	Analysis of Compliance with Current Contract
	B	Transportation services is a critical service provided by DDS. DDS must continue to analyze both the practical and legal restrictions of allowable travel time and factor such analysis into	Analysis of Compliance with Current Contract
	C	DDS should continue to pursue shared services with Hamilton County Mental Health and Recovery Services Board (HCMHRCSB) and the Southwest Council on Aging.	Analysis of Compliance with Current Contract
	D	DDS 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.	Analysis of Compliance with Current Contract
	E	DDS will replace higher cost employees who will retire as a result of Ohio Public Employee Retirement System and Ohio State Teachers Retirement System (STRS) changes with lower cost employees.	Analysis of Compliance with Current Contract
	F	DDS will offer an Early Retirement Incentive Program.	Analysis of Compliance with Current Contract
	G	DDS will continue to work with the County Administration to monitor the levy fund balance. If fund balances decrease at a pace greater than projected, DDS will review the option of increasing revenue through increased fees to school districts for school-age children services.	Analysis of Compliance with Current Contract

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i. Workprogram to Report Crosswalk (Continued)

Task	Workprogram Steps		Report Reference
Task 9 - Evaluate the impacts of the Affordable Care Act and potential Medicaid expansion on the revenue.	A	Evaluate the impacts of the Affordable Care Act and potential Medicaid expansion on the revenue.	Operations Analysis
Task 10 - Based on the results of Tasks 1-9, make recommendations for future contractual conditions upon passage of the levy.	-	-	Executive Summary
Task 11 - Prepare draft and final reports using the following outline as a guideline:		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	See Performance Report

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ii. List of Exhibits

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Consulting Report

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

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 Hamilton County Developmental Disabilities Services ("HCDDS") with the tax levy performance review. This report represents our comments based on the results of our procedures.

The services under this engagement have been performed in accordance with the Statement on Standards for Consulting Services ("SSCS") issued by the American Institute of Certified Public Accountants ("AICPA"). Consulting services differ fundamentally from attestation services. In an attest service, the practitioner expresses a conclusion about the reliability of a written assertion that is the responsibility of another party, the asserter. In a consulting service, the practitioner develops the findings, conclusions, and recommendations presented. The nature and scope of work is determined solely by the agreement between the practitioner and the client. This work is performed by the practitioner only for the use and benefit of the client. Accordingly, our services do not constitute an audit, compilation, review, or attestation service of HCDDS's financial statements or any part thereof, as described in the pronouncements on professional standards of the AICPA or the Public Company Accounting Oversight Board ("PCAOB").

Our services also do not include examination of management's assertions concerning the effectiveness of HCDDS's internal control systems; or an examination of compliance with laws, regulations, or other matters. Therefore, our performance of the procedures does not result in expression of an opinion, or any other form of assurance on HCDDS's internal control systems or its compliance with laws, regulations, or other matters.

Our assistance was directed to the activities and financial information that the Board and the 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 the TLRC determined best met HCDDS' information needs and cannot be relied upon to disclose all significant matters about 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.

Consulting Report (Continued)

Due to its special nature, our report may not be suitable for any purpose other than to assist the Board and the TLRC in the tax levy performance review of HCDDS. Consequently, our report is for the Board, HCDDS and the TLRC's information and use only and should not be used by anyone else. In addition, our report is based on historical results as reported by HCDDS for the period from January 1, 2015 through December 31, 2018 and projected results for the years 2019 through 2024. Actual results may differ materially from projected results. We have no responsibility to update our report for events and circumstances that occur after May 28, 2019.

MCM CPAs & Advisors LLP

Cincinnati, Ohio

May 28, 2019

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

I. EXECUTIVE SUMMARY

MCM 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,
 - HCDDS peers, and
 - reasonable expectations
- Comparison of HCDDS operations with peers
- 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

MCM used the following methods to perform this engagement:

- Inquiry
- Observation
- Analytical Procedures (Financial and Operational)

MCM requested financial and operational data (budget and actual) for both the prior levy period, current year and the forecasted information. During the numerous on-site visits MCM met with the leadership team collectively and individually. MCM also met with Board of Directors' representatives, finance staff, the Director of Community Relations, the Director of School Programs and two self-advocates.

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

General Compliance with Current Contract with Hamilton County, Ohio

MCM reviewed HCDDS' compliance with the contract terms, including steps implemented to address recommendations from the last tax levy performance review. MCM determined HCDDS to be in compliance with the contract terms and notes that HCDDS addressed all findings from the prior review satisfactorily.

Historical Results

MCM performed an analysis of historical activity for the period of January 1, 2015 to December 31, 2018. The following is an overview of actual results as compared to budget for the historical review period.

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I. EXECUTIVE SUMMARY (CONTINUED)

Historical Results (Continued)

Financial Results in Excess of Forecast 2015 - 2018

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Projected Ending Fund Balance	\$ 10,689,700	\$ 8,234,700	\$ 6,352,700	\$ 3,738,700
Actual Ending Fund Balance	<u>40,282,499</u>	<u>58,063,782</u>	<u>69,967,222</u>	<u>84,089,121</u>
Fund Balance in Excess of Plan	<u>\$ 29,592,799</u>	<u>\$ 49,829,082</u>	<u>\$ 63,614,522</u>	<u>\$ 80,350,421</u>

The main drivers of actual results successfully outpacing the original plan are directly related to cost containment and reduction of expenditures. Key strategic achievements and other significant factors include:

- Staffing
 - A successful Early Retirement Incentive Plan (ERIP) that was recommended in the previous levy and enacted over multiple years beginning in 2014. The ERIP resulted in an estimated annual cost savings of approximately \$2.9 million.
 - A successful transition of the Adult Centers. HCDDS operated Adult Centers through April 30, 2017 when it entered into a contract with Active Day. The agency determined a transition strategy beginning in 2015 that included leaving positions open as staff exited. The strategy was exacerbated upon announcement of closing the Jackson Center in September of 2015. The process of allowing staff levels to decline continued throughout 2016 until it became necessary to offer severance packages to maintain appropriate staffing levels until the Active Day transition. Approximately 115 team members were transitioned to Active Day.
 - A combination of the ERIP, staff reduction related to Adult Centers and a strategic decision to leave various positions unfilled resulted in a decrease in compensation from approximately \$36.6 million in 2015 to \$27.0 million in 2018.

- Transportation
 - The transitioning of the Adult Centers and the re-working of various education agreements triggered decreases in transportation costs from a high of \$6.5 million in 2015 to \$1.0 million in 2018.

- Waiver Program
 - Aggressive transition of individuals to the Waiver system - As recommended in the prior levy study, HCDDS has been diligently evaluating the needs of individuals served, and where appropriate, has moved individuals to the waiver system. Under the waiver system, HCDDS is responsible for approximately 40 % of the cost of services versus bearing the full cost of services for non-waiver individuals.

- Schools
 - School tuition increased from \$35,000 to \$50,000 over the levy period. Enrollment declined from 177 students in 2014 to 73 in 2019. This is approximately a 60% decrease since 2014. In addition to operating the schools, the staff at both schools work with the school districts to develop satellite classrooms and provide itinerant support. HCDDS also provides transition support to the individuals and the families in making the transition from childhood to adulthood.

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I. EXECUTIVE SUMMARY (CONTINUED)

Historical Results (Continued)

Expenditures in 2015 were \$98.8 million. However, due to the combination of strategic approaches listed above, expenditures decreased significantly in 2016 to \$86.4 million and continued to decrease through 2018 to \$80.6 million. While revenues have performed under the expected plan, HCDDS, via cost containment and various initiatives and strategies has reduced expenditures significantly over the past four years resulting in a net increase of actual fund balance of \$45.2 million.

Forecasted Financial Results

The following is a summary of the projected change in annual fund balance through 2024 as prepared by HCDDS:

Projected Change in Fund Balance

	<u>2019</u> Budget	<u>2020</u> Forecast	<u>2021</u> Forecast	<u>2022</u> Forecast	<u>2023</u> Forecast	<u>2024</u> Forecast
Beginning Fund Balance	\$ 84,089,121	\$ 90,641,000	\$ 89,223,284	\$ 86,250,521	\$ 79,621,711	\$ 68,387,854
Total Revenues	91,220,000	87,353,284	85,846,237	86,464,190	86,994,143	87,778,096
Total Expenditures	84,668,121	88,771,000	88,819,000	93,093,000	98,228,000	102,328,000
Net Change in Fund Balance	<u>6,551,879</u>	<u>(1,417,716)</u>	<u>(2,972,763)</u>	<u>(6,628,810)</u>	<u>(11,233,857)</u>	<u>(14,549,904)</u>
Ending Fund Balance	<u>\$ 90,641,000</u>	<u>\$ 89,223,284</u>	<u>\$ 86,250,521</u>	<u>\$ 79,621,711</u>	<u>\$ 68,387,854</u>	<u>\$ 53,837,950</u>

Detailed assumptions are included in the Financial Analysis and Forecast section of the performance review report. Highlights of the key assumptions are as follows:

- *Revenues*
 - HCDDS will receive a **renewal of the existing millage rate of 4.13** for the upcoming levy cycle. This results in approximately \$73-\$74 million in revenue annually for HCDDS.
 - HCDDS will experience a reduction in amounts received through the cost report settlement as the settlement has primarily been related to the former operation of the Adult Day Centers. Targeted case management (TCM) billings will continue to be cost settled, but it is difficult to project the settlement at this time.
 - School enrollment and related subsidies and tuition rates will remain consistent with prior period.
 - The Comprehensive Continuance Improvement Plan (CCIP) grant from the Ohio Department of Education (ODE) will be eliminated by the end of the 2019-2020 school year.
 - HCDDS housing strategies will be implemented during the period, resulting in projected revenue of \$60,000 annually beginning in 2021. These strategies will provide housing for emergency respite and to those individuals who have been involved in the justice system or who have addiction or other related issues.

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I. EXECUTIVE SUMMARY (CONTINUED)

Forecasted Financial Results (Continued)

- *Expenses*
 - Salaries assumes an increase in Service and Support Administrator (SSA) staff as the number of waivers are projected to increase over the upcoming levy cycle. A wage increase of 3% every other year has been factored into the projections.
 - Benefits are projected to increase by approximately three quarters of a percent annually.
 - Significant changes in waiver costs are expected due to increases in trends related to emergency I/O waiver issuance, the new waiver waiting list process and the waiver creep factor the agency is experiencing. The waiver creep is impacted by an increase in cost of services and the aging and life expectancy of individuals served.
 - The Ohio Department of Developmental Disabilities (DODD) is projected to increase the hourly wages for direct support professionals in an effort to address the shortage of caregivers. It is anticipated that these efforts will increase costs incurred by HCDDS by \$2 million annually.
 - Capital outlays will be made for significant improvements to facilities, including replacement of HVAC systems and roofs, installation of sprinkler systems in the schools, and repairs to parking lots and sidewalks. In addition, funds will be expended to support HCDDS' housing strategies discussed in the revenue comments above.
 - Other operating costs are assumed to have an inflationary increase of 2% annually over the upcoming levy cycle.

Recommendations

The following is an overview of recommendations resulting from MCM's tax levy performance review procedures:

1. *Strategic Planning*

The Director of the Office of Planning, Innovation and Quality developed the Outcome Management Report that tracks the progress of the goals and related actions steps within the Annual Plan. Each action step has been assigned accountability partners who report updates to the Director of the Office of Planning, Innovation and Quality on a semi-annual basis.

MCM recommends reporting more frequently so that issues or delays in achieving the goals can be identified and addressed in a timelier manner.

2. *Succession Planning*

MCM recommends that HCDDS develop a formal succession plan and timeline for specific positions. This plan should include the following:

- a. Review the strategic plan to identify if the current organizational structure and positions support the achievement of the goals and objectives outlined in the succession plan.
- b. Review current roles and responsibilities of specific positions and identify any additional core competencies, education or experience that should be included.
- c. Consider including the HCDDS Board in items #1 and #2 for their insight regarding these positions.

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I. EXECUTIVE SUMMARY (CONTINUED)

Recommendations (Continued)

- d. Identify the significant challenges in the next five years for each respective position. (Including the future vacancies in the area(s) of responsibility.)
- e. Identify potential candidates and gaps in readiness.
- f. Identify external educational opportunities for potential candidates.
- g. Develop a knowledge transfer plan that could include:
 - i. Mentorship
 - ii. Work Shadowing
 - iii. Paired Work
 - iv. Experiential Development
- h. Determine the financial feasibility of hiring the replacement employees prior to the exit of current leadership to facilitate a smooth transition.

3. *Rost and Fairfax Schools*

- a. MCM recommends that HCDDS should create a formal action plan to conduct meetings with target dates in all 22 districts to discuss both Fairfax and Rost schools and how the staff can partner with the public schools to provide services that best meet the needs of the students. (The Director of School Programs at HCDDS has begun this process; however, MCM recommends HCDDS formalize a plan to ensure meetings are held at each school at least annually.)
- b. To ensure that parents/guardians are aware of the services offered at Rost and Fairfax, MCM recommends HCDDS partner with the school districts to identify students receiving home instruction. The Director of Programs for HCDDS, is prepared to meet with parents to identify any barriers to entry to the schools. HCDDS and school district personnel, with parental/guardian support, can evaluate the student to determine if he/she could benefit from attending Fairfax or Rost for his/her educational needs. If regulations prohibit the school districts from sharing a list of students receiving home instruction, HCDDS can still partner with the districts to communicate with these parents/guardians via special informational meetings led by the Director of Programs for HCDDS.
- c. MCM recommends HCDDS conduct an operational efficiency study regarding the schools. The outcome of this study may identify opportunities for revenue enhancement, expense reduction or options for resource allocation.

4. *Service and Support Administrator (SSA) and Targeted Case Management (TCM)*

- a. MCM recommends HCDDS consider increasing the productivity target to 70% after reviewing the statistics for 2018.
- b. MCM recommends HCDDS consider including the billable TCM units in the monthly report as a Key Performance Indicator. A person could achieve 65% productivity but not produce an acceptable number of billable units.
- c. MCM recommends HCDDS consider tracking billable minutes or units for each SSA. For those individuals who do not achieve the target on a routine basis a performance improvement plan should be developed.

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I. EXECUTIVE SUMMARY (CONTINUED)

Recommendations (Continued)

- d. MCM recommends HCDDS identify top performers in both timely documentation and charge capture to develop a Gold Standard in this area similar to the task force assembled to address the direct support professional issues. Best practices utilized by the Gold Standard group can be shared with the SSA team to improve overall efficiency and effectiveness.
- e. MCM recommends HCDDS develop a strategy and conversion timeline for utilizing electronic devices during off-site visits. This strategy should also include training on maintaining effective engagement with individuals while documenting electronically.

5. *Waivers and the Waiting List*

- a. MCM recommends HCDDS consider hiring additional temporary staff to complete the task of contacting the waiting list individuals and scheduling appointment times and utilize the newly hired staff to assist in the completion of the assessments.
- b. Additionally, MCM recommends HCDDS scripting communication for new staff when contacting individuals regarding the waivers waiting list and assessments.
- c. MCM recommends HCDDS create an action plan with specific weekly targets, reportable results and accountability partners to ensure that there is a systematic approach for completing the transition list by the required date(s) and does not result in excessive overtime at year-end.
- d. MCM recommends that HCDDS solidify mechanisms to track and trend the outcomes to strategize for the future.

6. *Direct Support Professionals*

- a. MCM recommends that HCDDS continue to collaborate with DODD, providers, other county agencies, to address the direct support professional (DSP) shortage that continue to impact the individuals and families that HCDDS serves.

7. *Mid-Term Levy Review*

- a. MCM notes that HCDDS appears to be a good steward of tax levy funds; however, we recommend that HCDDS continue to monitor revenues, expenses and fund balance with the understanding that a financial forecast can change dramatically due to future uncertainties. We recommend as part of the mid-term evaluation that a detailed analysis of financial data and forecasted results be prepared by HCDDS and compared to the current levy plan as outlined within the enclosed report.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS

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 either provides services or facilitates for the provision of 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.

Locations

Schools:

- Bobbie B. Fairfax School, 4999 Kingsley Dr, 45227
- Margaret B. Rost School, 5858 Bridgetown Rd, 45248
- One satellite location in the Three Rivers Local School District

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:

- Kingsley Center, 5093 Kingsley Dr, 45227

Note: The service facilitation, funding support, benefits and other community services functions were previously located in the Queensgate Office at 801 A West 8th St, 45203. Upon closure of the adult centers, the E. Roger Jackson Adult Center was renovated and is now the Kingsley Center.

Administration:

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

Mission

The mission of HCDDS is to promote and support opportunities for people with developmental disabilities to live, work, learn, and fully participate in their communities.

Vision

The vision of HCDDS is to move toward community integration for all people with developmental disabilities.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

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 February and July. 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. 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 and one of the members appointed by the senior probate judge must be immediate family members of individuals served by the agency.

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 person's 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 three can receive services through Help Me Grow at (513) 281-GROW if they have one delay. Children ages 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 "individual" access the services he/she needs.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

Services (Continued)

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 individual.

The Service Coordinator on the individual'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
5858 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 Ohio Department of Developmental Disabilities is the lead agency responsible for administration of the program. 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.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

Services (Continued)

Services for Children (Continued)

In January 2017, Senate Bill 332 established Help Me Grow as Ohio's evidence-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children. Additionally, the legislation required Help Me Grow to utilize only evidence-based or innovative, or promising home visiting models to accomplish the following goals:

1. Improve maternal and child health
2. Prevent child abuse and neglect
3. Encourage positive parenting
4. Promote child development and school readiness

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).

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 itinerant support team and a satellite classroom located in the Three Rivers Local School District.

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.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

Services (Continued)

Services for Children (Continued)

4. Community Services

Service Facilitation

A Service & Support Administrator (SSA) is what HCDDS calls a case manager or service coordinator. The SSA 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. SSAs 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 SSA. If an individual receives services that are not paid for with a waiver, parents may choose whether or not to work with a SSA.

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 SSA, 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 an individual can only receive one.

The three types of waivers are Level One, Individual Options (I/O) and Self-Empowered Life Funding (SELF). HCDDS has a waiting list for all waivers. The family must contact HCDDS to be assessed for waiver services.

A detailed narrative of the waiver process, including a description of each of the types of waivers is included in the "Operations Analysis" section of the report on pages 43-49. Additional information about the different types of waivers can also be found at the Ohio Department of Developmental Disabilities website.

Providers

Providers are persons or agencies that provide services. Services can include housing, personal care, supported employment, day programs, transportation, respite and more. Most of these services are paid by Medicaid. Services funded 100% by levy funds are contracted by HCDDS.

SSAs and other agency staff can help with the process of finding and working with a provider. However, staff cannot choose a provider for the individual. Rather, individuals have free choice on the selection of providers. HCDDS has created a provider search tool that facilitates the individual's search for a provider. Information on how to interview a provider can be found on the Ohio Department of Developmental Disabilities website.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

Services (Continued)

Services for Children (Continued)

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.

Services for Adults

Community Services

Service Facilitation

A Service & Support Administrator (SSA) is the term HCDDS uses for a case manager or service coordinator. The SSA 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. SSAs 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 SSA. If an individual receives services that are not paid for with a waiver, the individual may choose whether or not to work with a SSA.

It is important that families and individuals understand the options that are available to them and seek the support of the SSA 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 SSA. The My Plan outlines goals and dreams of the individual and is reviewed once a year.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

II. OVERVIEW OF HCDDS OPERATIONS (CONTINUED)

Services (Continued)

Services for Adults (Continued)

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 an individual 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 individual communicates to HCDDS the desire to be assessed for waiver services.

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 persons or agencies that provide services. Services can include housing, personal care, supported employment, day programs, transportation, respite and more. Most of these services are paid by Medicaid. Services funded 100% by levy funds are contracted by HCDDS.

SSAs and other agency staff can help with the process of finding and working with a provider. However, staff cannot choose a provider for the individual. Rather, individuals have free choice on the selection of providers. HCDDS has created a provider search tool that facilitates the individual's search for a provider. Information on how to interview a provider can be found on the Ohio Department of Developmental Disabilities website.

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 individual 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).

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS

MCM performed an analysis of historical activity for the period of January 1, 2015 through December 31, 2018. The data analysis of the past four years is identified in Exhibits 1-3. Highlights include the following:

1. The actual beginning fund balance as of January 1, 2015, for current levy period, was \$38,916,255.
2. The following is an overview of significant observations resulting from the historical analysis:
 - Per Plan, revenues over the period from 2015 - 2018 were expected to be \$409.6 million. Actual revenues were \$394.9 million, approximately \$14.7 million less than originally forecasted. On average, this equates to \$3.7 million per year.
 - Per Plan expenditures over the period from 2015 - 2018 were expected to be \$420.5 million. Actual expenditures were \$349.7 million, approximately \$70.8 million less than originally forecasted. On average this equates to \$17.7 million per year.
 - The combination of the actual revenues and actual expenditures results was an increase in actual fund balance over the past four years by approximately \$45.2 million.
 - The Levy Plan indicated an expected decrease during that same four year period of \$10.9 million in fund balance. Actual results outpaced the Levy Plan by approximately \$80.4 million.
 - These results allowed actual fund balance to increase to the levy period high in 2018 of \$84.1 million.
 - As noted, actual revenues were slightly below plan by \$14.7 million. This equates to within 3.7% of the original planned outcomes.
 - Therefore, the main drivers of actual results successfully outpacing the original plan are directly related to cost containment and reduction of expenditures. Key strategic achievements include:
 - Staffing
 - A successful ERIP plan - The ERIP plan was recommended in the previous levy study and was enacted over multiple years beginning in 2014. The ERIP resulted in estimated annual cost savings of approximately \$2.9 million.
 - A successful transition of the Adult Centers - HCDDS operated Adult Centers through April 30, 2017. The Agency determined a transition strategy beginning in 2015 that included leaving positions open as staff exited. The strategy was exacerbated upon announcement of the planned closing of the Jackson Center in September 2015. The process of allowing staff levels to decline continued throughout 2016 until it became necessary to offer severance packages to maintain appropriate staffing levels until the Active Day transition. Approximately 115 team members were transitioned to Active Day.
 - A combination of the ERIP, staff reduction related to the Adult Centers and a strategic decision to leave various positions unfilled resulted in a decrease in compensation from approximately \$36.6 million in 2015 to \$27.0 million in 2018.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

- Transportation
 - The transitioning of the Adult Centers and the re-working of various education agreements triggered decreases in transportation costs from a high in 2015 of \$6.5 million to \$1.0 million by 2018.
 - Waiver Program
 - Aggressive transition of individuals to Waiver system - As recommended in the prior levy study, DDS has been diligently evaluating the needs of individuals served and, where appropriate, has moved individuals to the waiver system. Under the waiver system, DDS is responsible for approximately 40% of the cost of services versus bearing the full cost of services for non-waiver individuals. Additional information regarding the waiver system is discussed in the Operations Analysis section of the report at pages 43 - 49.
- It is noted that expenditures in 2015 were \$98.8 million. However, expenditures, due to the combination of strategic approaches listed above, decreased significantly in 2016 to \$86.4 million and continued to decrease through 2018 to \$80.6 million.
 - In summary, while revenues have performed under the expected plan, HCDDS, via cost containment and various initiatives and strategies has reduced expenditures significantly over the past four years resulting in the net increase of actual fund balance of \$45.2 million.

Additional analysis and highlights are provided with the following exhibits.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

Exhibit 1: Historical Analysis - Plan to Actual

	2015	2016	2017	2018
Levy Plan Budget				
Fund Balance, January 1	\$ 14,647,700	\$ 10,689,700	\$ 8,234,700	\$ 6,352,700
Revenues				
Tax Levy	72,727,000	72,988,000	73,250,000	73,512,000
Other	29,281,000	29,281,000	29,281,000	29,281,000
Total Revenues	102,008,000	102,269,000	102,531,000	102,793,000
Expenditures	105,966,000	104,724,000	104,413,000	105,407,000
Forecasted Net Change in Fund Balance	(3,958,000)	(2,455,000)	(1,882,000)	(2,614,000)
Fund Balance, December 31	<u>\$ 10,689,700</u>	<u>\$ 8,234,700</u>	<u>\$ 6,352,700</u>	<u>\$ 3,738,700</u>
Actual/Budget				
Fund Balance, January 1	\$ 38,916,255	\$ 40,282,499	\$ 58,063,782	\$ 69,967,222
Revenues				
Property Tax	73,981,838	73,148,727	72,937,649	73,779,081
State	5,291,469	5,345,532	4,273,129	3,830,435
Federal	13,656,863	19,589,147	12,678,702	11,680,607
School District	4,216,319	4,452,567	4,020,562	3,079,857
Department of Education	2,193,940	564,730	1,189,045	989,101
Housing and Planning Strategies	-	-	-	-
Miscellaneous Revenues	793,447	1,088,305	721,144	1,396,430
Total Revenues	<u>\$ 100,133,876</u>	<u>\$ 104,189,008</u>	<u>\$ 95,820,231</u>	<u>\$ 94,755,511</u>

Source: HCDDS
See Consulting Report

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

Exhibit 1: Historical Analysis - Plan to Actual (Continued)

	2015	2016	2017	2018
Expenditures				
Salaries and Benefits	\$ 36,594,642	\$ 31,918,533	\$ 29,562,037	\$ 26,962,449
Waiver Program	39,616,968	33,836,669	35,964,337	40,945,812
Contractual Services	10,928,406	8,996,524	7,943,311	6,091,349
Transportation	6,507,957	6,435,493	3,270,883	1,031,554
Capital Outlay	321,907	150,548	1,908,064	1,205,928
Housing and Planning Strategies	-	-	-	-
Other	4,797,752	5,069,958	5,268,159	4,396,520
Total Expenditures	98,767,632	86,407,725	83,916,791	80,633,612
Net Change in Fund Balance before Transfers	1,366,244	17,781,283	11,903,440	14,121,899
Net Change in Fund Balance	1,366,244	17,781,283	11,903,440	14,121,899
Fund Balance, December 31	<u>\$ 40,282,499</u>	<u>\$ 58,063,782</u>	<u>\$ 69,967,222</u>	<u>\$ 84,089,121</u>
Plan to Actual				
Fund Balance, January 1 (Actual Over / (Under) Plan)	\$ 24,268,555	\$ 29,592,799	\$ 49,829,082	\$ 63,614,522
Revenues (Actual Over / (Under) Plan)	(1,874,124)	1,920,008	(6,710,769)	(8,037,489)
Expenditures (Actual (Over) / Under Plan)	<u>7,198,368</u>	<u>18,316,275</u>	<u>20,496,209</u>	<u>24,773,388</u>
Fund Balance, December 31 (Actual Over / (Under) Plan)	<u>\$ 29,592,799</u>	<u>\$ 49,829,082</u>	<u>\$ 63,614,522</u>	<u>\$ 80,350,421</u>
Ratio of Ending Fund Balance to				
Total Expenditures	40.79%	67.20%	83.38%	104.29%
Months of Expenditures on Hand				
at Year End	4.89	8.06	10.01	12.51

Source: HCDDS
See Consulting Report

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

Actual Revenues Analysis

As noted in Exhibit 2 below, property tax revenues has remained relatively consistent throughout the current levy period; however, as a percentage of total, property tax revenues has increased as other sources of revenue have decreased.

Federal and State Revenues

In 2015, Federal and State revenues accounted for approximately \$18.9 million which equated to nearly 19% of the revenue base for HCDDS. By 2018, this combination of revenues was down to nearly \$15.5 million, accounting for 16% of the revenue base. The waiver reconciliation and cost report settlement are included in Federal revenue. These amounts are impacted by significant variables and may vary in timing of receipt. Inherently, revenue recorded from these sources may fluctuate widely from year to year. Per discussion with management, this continues to be a challenge in estimating amounts to be received.

School District and Department of Education

School District and Department of Education revenues also decreased significantly during the period. In 2015, these revenue sources accounted for approximately \$6.4 million which equated to approximately 6% of the revenue base for HCDDS. By 2018, this combination of revenues was down to nearly \$4.1 million, accounting for 4% of the revenue base. The decrease is primarily a result of declining enrollment. In 2015, 137 students were enrolled as compared to 87 students in 2018. The decreases in revenue and headcount are congruent on a percentage basis (approximately 36% each).

Conclusion

Key revenue streams decreased significantly during the past four years. These decreases have resulted in a higher reliance on property tax dollars to fund the operations of HCDDS.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

Exhibit 2: Actual Revenues - % of Total Revenues Analysis

	2015		2016		2017		2018	
	\$ Amount	% of Total	\$ Amount	% of Total	\$ Amount	% of Total	\$ Amount	% of Total
Property Tax	\$ 73,981,838	73.9%	\$ 73,148,727	70.2%	\$ 72,937,649	76.1%	\$ 73,779,081	77.9%
State	5,291,469	5.3%	5,345,532	5.1%	4,273,129	4.5%	3,830,435	4.0%
Federal	13,656,863	13.6%	19,589,147	18.8%	12,678,702	13.2%	11,680,607	12.3%
School District	4,216,319	4.2%	4,452,567	4.3%	4,020,562	4.2%	3,079,857	3.3%
Department of Education	2,193,940	2.2%	564,730	0.5%	1,189,045	1.2%	989,101	1.0%
Miscellaneous	793,447	0.8%	1,088,305	1.0%	721,144	0.8%	1,396,430	1.5%
Total Revenues	\$ 100,133,876	100%	\$ 104,189,008	100%	\$ 95,820,231	100%	\$ 94,755,511	100%

Source: HCDDS
See Consulting Report

Actual Expenditures Analysis

As previously noted, expenditures in dollars have decreased significantly. However, in general, the overall mix of expenditures has remained relatively consistent.

Salaries and Benefits

During the current levy period, approximately 33-37% of total expenses have been to salaries and benefits of HCDDS employees. This includes wages, related taxes, insurance, pension and other types of special pay. As a service organization, salaries and benefits are expected to be a significant portion of total expenditures. Historically, management has monitored salaries and benefits to align with a range of 30-40% of total expenditures.

Waiver Program

The waiver program expenditure represents HCDDS's responsibility to fund 40% of the cost of services for individuals with a waiver. Waiver program expenditures have increased over the levy period due to a combination of increased utilization and associated cost of services along with an increase in the number of waivers issued.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

III. HISTORICAL RESULTS (CONTINUED)

Actual Expenditures Analysis (Continued)

Contractual Services

Contractual services represents payments to direct care providers for services (excluding transportation) not funded via the Medicaid waiver program. Contractual services has decreased over the levy period as the agency has converted individuals to waivers as deemed appropriate to reduce the overall cost of services from 100% to 40%. In addition, HCDDS has collaborated with other agencies to share in the funding of some services.

Transportation

Historically, approximately 10% of total expenditures were for transportation costs incurred in transporting developmentally disabled citizens. However, with the transitioning of the adult centers and other related developments with neighboring school districts, this expenditure has decreased to less than 1.5% of expenditures in 2018.

Other

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

	2015		2016		2017		2018	
	\$ Amount	% of Total						
Salaries and Benefits	\$ 36,594,642	37.1%	\$ 31,918,533	36.9%	\$ 29,562,037	35.2%	\$ 26,962,449	33.4%
Waiver Program	39,616,968	40.1%	33,836,669	39.2%	35,964,337	42.9%	40,945,812	50.8%
Contractual Services	10,928,406	11.1%	8,996,524	10.4%	7,943,311	9.5%	6,091,349	7.6%
Transportation	6,507,957	6.6%	6,435,493	7.4%	3,270,883	3.9%	1,031,554	1.3%
Capital Outlay	321,907	0.3%	150,548	0.2%	1,908,064	2.3%	1,205,928	1.5%
Other	4,797,752	4.9%	5,069,958	5.9%	5,268,159	6.3%	4,396,520	5.5%
Total Expenditures	\$ 98,767,632	100%	\$ 86,407,725	100%	\$ 83,916,791	100%	\$ 80,633,612	100%

Source: HCDDS

See Consulting Report

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IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY

MCM analyzed HCDDS' compliance with the current Hamilton County (the County) contract dated December 17, 2014.

The analysis below begins with the specific recommendations from the previous review followed by the standard elements included in the contract between HCDDS and the County.

Consultant Recommendations from Previous Tax Levy Performance Review

A) HCDDS should continue to aggressively pursue Medicaid waivers to providing a broader range of services to its participants while minimizing cost obligations.

HCDDS has made a concentrated effort to convert individuals from levy funded services on to waivers. Upon conversion, the agency's cost of providing services is reduced from 100% responsibility to 40% responsibility. HCDDS increased the number of individuals with waivers by 16% (approximately 200 individuals).

Effective September 1, 2018, the Home and Community-Based Waivers Waiting List Rule OAC 5123-0-4 (the Wait List Rule) requires that everyone on a waiver waiting list be moved to a Transitional Waiting list until an updated assessment is performed. The Wait List Rule mandates that an assessment be completed for individuals assigned an SSA by December 31, 2019. Assessments must be completed by December 31, 2020 for all individuals not assigned an SSA. The assessment determines whether the Individual has an immediate need, a current need or no need. See Operations Analysis section at pages 43-49 for additional waiver information.

B) Transportation services is a critical service provided by HCDDS. HCDDS must continue to analyze both the practical and legal restrictions of allowable travel time and factor such analysis into future decisions about service location areas. HCDDS staff should continue to work for appropriate ways to minimize transportation costs.

In 2014, HCDDS was still operating the Adult Day Centers. HCDDS met with the transportation contract provider and reviewed the routing logistics. At that time, HCDDS was contracted per bus utilized. Routes were consolidated, which resulted in a reduction in the number of buses required. This modification also had a significant financial impact, reducing the total cost of transportation by approximately \$700,000 on an annual basis for HCDDS. In addition, HCDDS eliminated the "Bus Captains" at the insistence of the committee which resulted in further annual savings of approximately \$200,000.

HCDDS outsourced operations of the Adult Day Centers effective May 1, 2017. The transportation contract for the Adult Day Centers ended on June 30, 2017.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

C) HCDDS should continue to pursue shared services with Hamilton County Mental Health and Recovery Services Board (HCMHRCSB) and the Southwest Council on Aging.

HCDDS continues to partner with other agencies to provide programs and services to serve individuals. The following is an overview of some key shared service collaborations.

Multi County Systems Administration (MCSA)

MCSA is a multi-systems group that includes HCDDS, Jobs and Family Services, the Mental Health Recovery Board, and the Juvenile Court. This group works to share resources to support high risk youth (and families) who receive services from two or more of the agencies. The HOPE program is the result of this collaboration and has been in existence for over 20 years. Mental Health Access Point (MHAP) is the current provider for this program. They are responsible for the referral, connection, monitoring and coordination of services for children and families. This program assists in the efforts to address behavioral health issues and support families in the effort to keep the children in the home.

Resilience Project

The Resilience Project is funded through a grant from Department of Developmental Disabilities (DODD) and Ohio Department of Mental Health and Addiction Services. HCDDS was the fiscal manager for this grant from 2013-2017. Beginning in July 2017, Greater Cincinnati Behavioral Health Services (GCBH) transitioned to the fiscal manager role, but HCDDS is still involved in the leadership of the program. The purpose of the project is to build cross-agency teams who use a shared, trauma-informed framework and practices to help people build resilience and heal from trauma. Many other Southwest Ohio agencies are engaged as project partners as well.

Southwest Ohio Trauma Collaborative

In addition to the Resilience Project, HCDDS works with Mental Health as part of the Southwest Ohio Trauma Collaborative. The Trauma Collaborative includes HCDDS, foster care agencies, and mental health agencies. This group works together on shared trainings and other collaborative efforts.

Connections Program

Through the Connections Program, HCDDS works with GCBH to help them adapt some of their therapies so they can use them with people who have a dual mental health/DD diagnosis.

The Future is Now

The Future Is Now: Supporting Aging Caregivers is a grant from Ohio DD Council. This grant is to help streamline and integrate aging and DD services. HCDDS will pilot small family-directed budgets to maximize safety and quality of life, as well as adapt Future Is Now planning sessions to meet the needs of aging caregivers.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

RISE Respite Project

In 2018, Clermont and Hamilton County Developmental Disabilities Boards, along with Clermont and Hamilton County Family and Children First Council and Envision (provider agency), launched the RISE Respite Project. The goal of this project is to address the lack of suitable planned and emergency respite in these two counties.

The project will increase the number of trained foster care providers who will offer planned and emergency therapeutic respite for children/youth under age 18 with an intellectual/developmental disability and significant behavioral challenges. Project activities are designed to prevent out of home placements and support the successful return of children/youth following respite or placement.

Smart Home

This project is a collaboration among HCDDS, Butler County Board of Developmental Disabilities, Clermont County Board of Developmental Disabilities, Total Homecare Solutions and Rest Assured, and was made possible from the support from The Ohio State University Nisonger Center. The Smart Home highlights ways technology can be used to promote safety and independence in a person's home. Remote support allows the individual and the provider to engage through live two-way communication. Assistive technology is any electronic or smart device used to support or aid an individual to live in their community as independently as possible.

D) 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.

HCDDS is part of the Southwestern Ohio Council of Governments (SWOCOG) which was formed in 2009. In addition to HCDDS, Butler, Clermont, Greene, Hamilton, Montgomery, and Warren counties also participate. The goal of the SWOCOG is "to support the efforts of county boards of developmental disabilities by implementing regional opportunities for collaboration and sharing of resources." Alice Pavey, HCDDS Board Superintendent, is the President of the SWOCOG Board of Directors. Membership in this organization has allowed member counties to better control some administrative costs by using SWOCOG staff to administer various programs that each of the agencies offer. In addition to administering these programs the SWOCOG personnel are available to provide additional support in the areas of eligibility determination and major unusual incidents (MUI) investigation.

HCDDS also participates in the Region 3 developmental disabilities boards that meet periodically. This includes Butler, Clermont, Warren, Greene, Clinton and Montgomery counties. This group was created by the Superintendents Association. There are groups for the following areas: Superintendents, Human Resources, Public Relations, SSAs, and Business Services groups. The Region 3 Public Relations group collaborated in the area of advertising to gain financial efficiencies.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

E) HCDDS will replace higher cost employees who will retire because of Ohio Public Employee Retirement System and Ohio State Teachers Retirement System (STRS) changes with lower cost employees.

HCDDS offered an Early Retirement Incentive Program (ERIP) starting in 2014 - 2015. Forty-one individuals retired and were replaced with lower cost employees. Additionally, there were 14 positions that were not replaced. Currently, there are eight positions that remain unfilled. The recurring annual savings of the ERIP is summarized below:

Exhibit 4: ERIP Annual Savings

	ERIP	Newly Hired	Savings
Salaries	\$ 3,828,632	\$ 1,755,608	\$ 2,073,024
Benefits	1,461,389	670,115	791,274
Total	\$ 5,290,021	\$ 2,425,723	\$ 2,864,298

Source: HCDDS

F) HCDDS will offer an Early Retirement Incentive Program

As noted in section E) above, HCDDS offered an Early Retirement Incentive Program (ERIP) starting in 2014 through 2015. Sixty-five employees participated in this program. The total cost of the program was approximately \$4.5 million, consisting of payouts to employees for sick and vacation time and payments to the Ohio Public Employees Retirement System (OPERS) on behalf of the participating employees. The ongoing savings to the organization is summarized in section E) above.

G) HCDDS will continue to work with the County Administration to monitor the levy fund balance. If fund balances decrease at a pace greater than projected, HCDDS will review the option of increasing revenue through increased fees to school districts for school-age children services.

HCDDS utilizes the County accounting system and levy fund balances are available at any time to the County. The Director of Budget and Administrative Operations meets periodically with the County at their request.

In 2009 the TLRC stipulated that beginning with the 2010-2011 school year that HCDDS should increase the school district's tuition to 50% of the costs to educate a child and 100% of the cost of transportation. These tuition and transportation cost increases were implemented per the TLRC's directive. In addition, a decision was made to increase tuition charged to recover 100% of the cost to operate the schools over a period. Tuition rate increases began again in the 2014-2015 school year. The annual tuition rates are summarized in the following table:

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

Exhibit 5: Annual School District Tuition Rates

<u>School Year</u>	<u>Tuition Rate</u>
2014 - 2015	\$ 30,000
2015 - 2016	35,000
2016 - 2017	40,000
2017 - 2018	45,000
2018 - 2019	50,000
2019 - 2020	50,000

Source: HCDDS

Standard Contract Elements

The following is an overview of HCDDS' compliance with standard contract provisions:

Subject	Compliance to Contract
Administer & operate facilities programs, and services and establish policies for their administration.	HCDDS develops Strategic Plans, Annual Plans and the appropriate Policies and Procedures for the administration of its programs & services.
Coordinate, monitor and evaluate existing services and facilities available to individuals with developmental disabilities.	The SSAs coordinate, monitor and evaluate services for individuals. HCDDS reviews each provider on an annual basis and evaluates services, etc. in the annual reports.
Provide early childhood services, supported home services and adult services.	HCDDS has an Early Intervention (EI) program and provides SSA services for all age groups. Supported home services are facilitated by the SSAs.
Provide or contract special education services.	HCDDS continues to operate two schools for those with Developmental Disabilities and provide itinerant support. Throughout the previous tax levy period, HCDDS also operated several satellite classrooms within the public schools. As of 2019, they are operating one satellite classroom in the Three Rivers school district.
Adopt a budget, authorized expenditures, approve attendance & expenditures of board members and employees at professional meeting .	There is an internal approval process for Continuing Professional Education. HCDDS utilizes the county's purchasing system that requires a requisition for any expenditures, including training.

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(CONTINUED)**

Subject	Compliance to Contract
Submit annual reports of work and expenditures to the OHDD, the superintendent of public instruction and the board of county commissioners at the close of the fiscal year and at such times that are reasonably requested.	Cost Reports are submitted to the DODD by August 31st each year. Reports are submitted to the Board of County Commissioners as required. HCDDS is required to notify the Superintendent of Public Instruction of its intent to provide services prior to February 1st of any given year per Ohio 5126.04.
Authorize all positions of employment, establish compensation, including but not limited to for all board employees, approve contracts that are for a term longer than one year, employ legal counsel and contract for legal benefits.	Employee contracts are brought to the Board for notification of the Superintendent's decision to enter into a multi-year contract and are included in the Board minutes. Application and Selection for Employment procedure (SOP 2.5) states the Superintendent is the appointing authority for all employees of the agency. Salary guidelines are included in the Compensation Policy Section 3.0.
Provide transportation and service and support administration.	At the onset of this contract, HCDDS provided transportation to the Adult Day Centers; however, that contract expired on June 30, 2017. The SSAs facilitate transportation needs for individuals served by HCDDS.
Certify respite care homes and contract for supported living.	HCDDS contracts for locally funded respite. The providers must be certified by DODD to provide respite and they must meet County requirements for liability and workers comp. HCDDS contracts for supported living.
Enter into contract with other county DDS boards and with public or private, nonprofit or profit-making agencies or organizations of the same or other county to provide facilities, services and programs.	HCDDS contracts with appropriate entities to provide facilities, service and programs. HCDDS has a contract with the SWOCOG (Southwest Ohio Council of Governments).
Receive by gift, grant, devise, or bequest any monies, lands, or property and dispose of according to the terms. All monies of such shall be deposited in the county treasury to the credit of such board and shall be available for use by the board for purposed determined or stated by the donor or grantor but may not be used for personal expenses of board members.	Any funds of this nature go into a HCDDS Memorial Fund and is maintained at the County Level. There is a County requisition process for the use of these funds.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

Subject	Compliance to Contract
DDS notifies the County regarding ODDS and Ohio DOE mandated changes to the service descriptions, including the addition or deletion of services.	HCDDS notified the County when there was a mandated change in services. DDS agencies were required to stop providing Adult Day Services as it was determined to be a conflict of interest. HCDDS outsourced Adult Day Service on May 1, 2017.
Residency Criteria is required for services; DDS shall establish the individual is a resident of Hamilton County.	During the agency's eligibility process it requires proof of residency before provision of services.
Annual Budget - DDS shall submit a budget on an annual basis following the instruction of the HC Department of Administrative Services; to include an updated 5-year plan which shows actual revenue and expenditures by calendar year and projections for the remaining levy years.	HCDDS provides annual budgets and a 5-year levy plan as required.
The proceeds from the Levy shall be used as the "payor" of last resort for the provision of services.	HCDDS has a Payor of Last Resort Policy. MCM reviewed 15 files to confirm levy funds were utilized appropriately.
DDS Personnel Policy and Procedures Manual Section P. 50 Ethics of Public Employment and Section P.2.11 Assignment and Transfer Any changes to these procedures shall be forwarded to the County within 10 days.	The Director of Human Resources is aware of the requirement to forward changes to procedures to the County.
Campaigns- Levy funds will not be used for political campaigns or levy campaign promotional materials; or payment of salaries to DDS staff working on DDS time; Superintendent is expected to work on the Levy campaign	There is a non-profit organization, "People for DD Service", that maintains any levy campaign donations.
Levy funds are not co-mingled with other funds for financial reporting	HCDDS maintains records to identify levy funds.
All fundraising expense incurred, and revenue receipts related to the Levy campaign will be accounted for separately by DDS.	HCDDS does not incur expenses or revenue receipts related to the campaign.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
(CONTINUED)**

Subject	Compliance to Contract
DDS shall maintain financial records for all revenues and expenses.	HCDDS fully utilizes the County's accounting and payroll system and follows required accounting procedures and practices.
DDS shall submit to the county the following reports:	
Quarterly Segregation of Funds Report	HCDDS provided as required.
Mid-Term Evaluation Report	TLRC did not require HCDDS to prepare this report.
County Requests for Information	HCDDS provides information at the request of the county within 10 days or mutually agreed timeframe.
Audit - The County may randomly audit, and DD shall perform the tasks described below:	The County Auditor and the Director of Budget and Administrative Operations communicate on a routine basis. HCDDS utilizes the County's system for financial transactions.
Repay to the DDS Levy Fund any services not covered by the contract	HCDDS has agreed to the terms of the contract and would adhere to if deemed necessary.
Repay the Levy fund any duplicates or erroneous billings; deceptive claims or falsification of info to the County	HCDDS has agreed to the terms of the contract and would adhere to if deemed necessary.
Anti-Nepotism Policy - HCDDS will forward to the County within 10 working days and updates or modifications.	HCDDS has recently updated this policy and has forwarded to the County as required.
HCDDS will follow the Non-Discrimination regulations.	HCDDS has agreed to the terms of the contract and adheres to the related Non-Discrimination regulations.
Insurance- HCDDS will require contract agency providers maintain professional liability and general liability insurance	HCDDS requires any provider to maintain professional and general liability insurance and includes this in the process to engage providers for levy funded services.
Contract agencies must provide professional liability and general liability and workers compensation.	HCDDS requires any provider to maintain professional and general liability insurance and includes this in the process to engage providers for levy funded services.
DDS and the County shall ensure appropriate confidentiality of records in accordance with Federal and State Laws, regulations and the administrative procedures of DDS and the County	HCDDS follows the requirements of the County and the Ohio DODD regarding confidentiality along with the federal HIPAA privacy regulations.

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**IV. ANALYSIS OF COMPLIANCE WITH CURRENT CONTRACT WITH HAMILTON COUNTY
 (CONTINUED)**

Subject	Compliance to Contract
The agreement may be amended, or a provision may be waived at any time by written consent of both parties.	There have been no amendments to date to the contract by either party. HCDDS has agreed to the terms of the contract.
Compliance with Voted Tax Levy Policy	HCDDS is adhering as required to the Tax Levy Review Policy and the accompanying timelines.
DDS and the County shall conform to the applicable laws and regulations of the State of Ohio.	HCDDS has agreed to the terms of the contract and hence would conform to the applicable laws and regulations of the State of Ohio as required.

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V. ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART

HCDDS has an experienced leadership team that includes the Superintendent and eight departmental directors as illustrated by the organizational chart below. Since the prior levy period, the agency has realigned and consolidated areas and identified the need for an Office of School Programs reporting directly to the Superintendent. The organizational structure of HCDDS is based on key functional areas and the departments that logically flow into those areas that allows for:

1. Addressing specific strategic initiatives
2. Meeting the needs of those they serve
3. Streamlining communications
4. Achieving operational efficiencies

The Strategic Leadership Team includes the Superintendent and the Directors of the following areas:

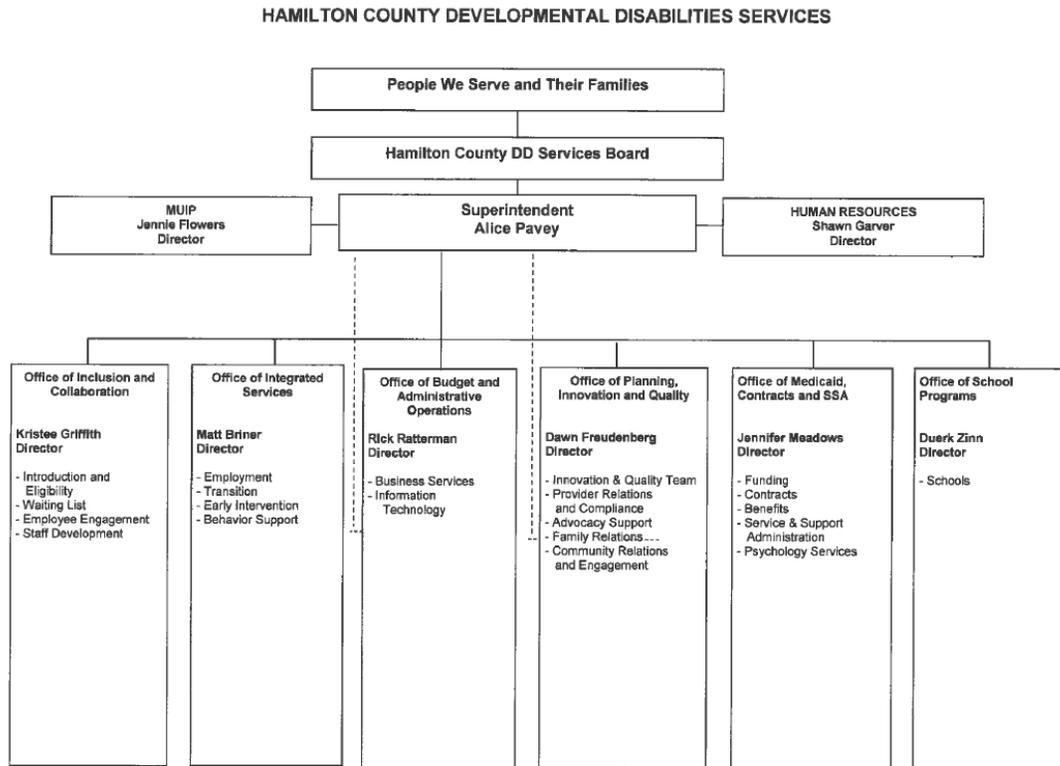
- a) Office of Budget and Administrative Operations
- b) Office of Planning, Innovation and Quality
- c) Office of Medicaid, Contracts, and SSA
- d) Office of Integrated Services
- e) Human Resources
- f) Office of Inclusion and Collaboration

In an effort to prevent silos and foster teamwork and collaboration, there are regularly scheduled meetings for both the Strategic Leadership team and the full leadership group. MCM conducted individual interviews with each member of the leadership team. It was clear that the team was engaged and supported the strategic initiatives of the agency. Each member of the leadership team takes ownership of his or her respective area and understands the larger mission. Additionally, the Superintendent ensures that appropriate information is disseminated throughout the entire agency. This is accomplished via a full staff retreat each January and monthly newsletters distributed to all staff of the agency.

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**V. ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART
(CONTINUED)**

Exhibit 6: HCDDS Strategic Leadership Organizational Chart



Source: HCDDS

Succession Planning

The Superintendent noted during the interview process that some key leaders will be retiring within the next five years. The Superintendent has engaged the current leadership team to assist in identifying potential successor candidates within the agency. Succession planning is key to ensuring a smooth transition, and to limit any disruption to operations and services to those they serve. A common definition for succession planning is as follows:

Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions. Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available.

(Note: Hamilton County Board of County Commissioners Personnel Policy Manual Section 2.0 Application and Selection for Employment; Vacancies, Announcements and Application 3. Vacancies shall be filled, to the extent practicable, by qualified County employees.)

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**V. ANALYSIS OF CORPORATE STRUCTURE INCLUDING ORGANIZATION CHART
(CONTINUED)**

MCM recommends that HCDDS develop a formal succession plan and timeline for specific positions. This plan should include the following:

- 1) Review the strategic plan to identify if the current organizational structure and positions support the achievement of the goals and objectives outlined in the succession plan.
- 2) Review current roles and responsibilities of specific positions and identify any additional core competencies, education or experience that should be included.
- 3) Consider including the HCDDS Board in items #1 and #2 for their insight regarding these positions.
- 4) Identify the significant challenges in the next five years for each respective position. (Including the future vacancies in the area(s) of responsibility.)
- 5) Identify potential candidates and gaps in readiness.
- 6) Identify external educational opportunities for potential candidates.
- 7) Develop a knowledge transfer strategy plan that could include:
 - A) Mentorship
 - B) Work Shadowing
 - C) Paired Work
 - D) Experiential Development
- 8) Determine the financial feasibility of hiring the replacement employees prior to the exit of current leadership to facilitate a smooth transition.

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VI. OPERATIONS ANALYSIS

The following section of the performance review contains discussion of significant matters impacting the operations of HCDDS, including home and community-based waivers, school programs, service and support administrators and targeted case management, direct support professionals and the Affordable Care Act.

Home and Community- Based Waivers (HCBS)

Ohio utilizes Medicaid home- and community-based services (HCBS) waivers as the method for providing medically necessary services to individuals with developmental disabilities.

The Ohio Department of Developmental Disabilities administers three different types of waivers. The Individual Options (I/O), Level One, and Self-Empowered Life Funding (SELF) waivers each have different spending limits and offer some different services.

HCDDS has a legal obligation to individuals to fund the waiver match. This is a lifetime commitment. HCDDS pays approximately 40% of the cost on the services and Medicaid pays 60%. In contrast, HCDDS pays 100% of the cost when providing services funded by the tax levy.

The 2017 HCDDS annual report to the community states that Federal Medicaid waivers provided funding for 51% of the people supported by HCDDS. The following is an overview of the three types of waivers available:

Self Empowered Life Funded (SELF) Waiver

This waiver is Ohio's first participant directed waiver.

Eligibility

People must be willing and able to:

- 1) Self-direct at least one waiver service
- 2) Be able to have their health and welfare needs met through the SELF Waiver
- 3) Need at least one SELF Waiver service
- 4) Be Medicaid-eligible and have an intermediate care facility level of care

There are no age requirements for eligibility.

Services

Adult Day Services	Participant/Family Stability Assistance
Career Planning	Participant Directed Goods and Services
Clinical/Therapeutic Intervention	Participated Directed Homemaker Personal Care
Community and Residential Respite	Remote Support
Functional Behavior Assessment	Remote Support Equipment
Group Employment Support	Support Brokerage
Non- Medical Transportation	Waiver Nursing Delegation
On-Call Support	Vocational Habilitation

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VI. OPERATIONS ANALYSIS (CONTINUED)

Home and Community- Based Waivers (HCBS) (Continued)

Level One Waivers

The Level One Waiver is a Medicaid waiver for people with developmental disabilities who meet certain eligibility criteria.

Eligibility

The Level One waiver is for people with developmental disabilities who:

- 1) Meet the criteria for the care given in an ICF but want to live in their community
- 2) The cost for assistance cannot be more than what the Level One waiver allows, while ensuring health and welfare

The Level One Waiver offers the following services with set spending limits for "service packages":

Homemaker/Personal Care	Adult Day Support
Vocational Habilitation	Enclave
Non-Medical Transportation	Home Delivered Meals
Informal Respite	Supported Employment
Specialized Medical Equipment and Supplies	Supported Employment - Community
Environmental Accessibility Adaptations	Remote Monitoring Equipment
Community Respite	Remote Monitoring
Environmental Accessibility Adaptations	Residential Respite
Personal Emergency Response Systems	

Individual Options Waiver

The Individual Options Waiver (I/O Waiver), is a Medicaid waiver for people who have developmental disabilities. Individuals who are eligible can use a Medicaid waiver to stay in their homes and get support, rather than live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Eligibility

The I/O Waiver is for people with developmental disabilities who:

- 1) Require the level of care provided in an ICF but who want to live in their family home, or in the community with friends and/or roommates
- 2) Meet the financial criteria of Medicaid eligibility as determined by the local county's Department of Job and Family Services (ODJFS)

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VI. OPERATIONS ANALYSIS (CONTINUED)

Home and Community- Based Waivers (HCBS) (Continued)

The I/O Waiver offers the following services:

Homemaker/ Personal Care	Specialized Medical Equipment & Supplies
Social Work	Environmental Accessibility Adaptations
Adult Foster Care	Adult Day Support
Home- delivered Meals	Transportation
Adult Family Living	Supported Employment - Community
Nutrition	Supported Employment-Enclave
Remote Monitoring	Community Respite
Non- Medical Transpiration	Residential Respite
Interpreter Services	Vocational Habilitation
Remote Monitoring Equipment	

Agency Waiver Experience

According to the 2017 Report to the Community, \$35,964,337 was the 40% waiver match (and a small administrative fee) funded by levy dollars and \$10,179,837 was levy services funded at 100%. HCDDS has reviewed cases to see if individuals can be better served by waivers and, if appropriate, have converted select individuals to waivers to fund services. This conversion allows the funding source to be Medicaid and HCDDS only is responsible for the 40% match as opposed to 100% of the cost.

The average cost is as follows for individuals that are already on these specific waivers:

Exhibit 7: Average Annual Waiver Cost to HCCDS by Waiver Type

Waiver Type	Approximate Cost *	Percentage of Waivers in Hamilton County (2017)
Self	\$ 4,000	5%
Level One	6,000	32%
Individual Option	33,000	63%

Source: HCDDS

*The cost is the 40% that the HCDDS pays for that waiver.

**Board of County Commissioners Tax Levy Review Committee
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VI. OPERATIONS ANALYSIS (CONTINUED)

Home and Community- Based Waivers (HCBS) (Continued)

Exhibit 8: Individuals Receiving Services and Funding Sources (Note: Individuals may receive multiple services)

Services	Total People Receiving Services	I/O Waiver	Level One Waiver	SELF Waiver	Waiver Receivable	Waiver Funded	Total Waiver Funded	Waiver Funded %	Levy Receivable	Local Levy Funded	Total Levy Funded	Local Levy Funded %
Homemaker Personal Care (HPC)	1,857	1,316	315	212	-	1,843	1,843	99.2%	-	14	14	0.8%
HPC mileage (transportation)	1,639	1,334	226	68	-	1,628	1,628	99.3%	-	11	11	0.7%
Residential Respite	120	39	69	6	-	114	114	95.0%	-	6	6	5.0%
Shared Living ¹	203	203	-	-	-	203	203	100.0%	-	-	-	0.0%
Home Delivered Meals	41	24	16	-	-	40	40	97.6%	-	1	1	2.4%
Assistive Technology ²	56	43	9	4	-	56	56	100.0%	-	-	-	0.0%
Remote Supports	52	46	2	4	-	52	52	100.0%	-	-	-	0.0%
Home Modifications ³	51	43	8	-	-	51	51	100.0%	-	-	-	0.0%
Payee Services ⁴	37	-	-	-	-	-	-	0.0%	-	37	37	100.0%
Money Management	190	167	23	-	-	190	190	100.0%	-	-	-	0.0%
Equipment ⁵	106	89	17	-	-	106	106	100.0%	-	-	-	0.0%
Non-Medical Transportation (NMT) ⁶	2,282	715	297	38	562	1,612	2,174	95.3%	8	100	108	4.7%
Adult Day Services (ADS)	1,547	1,041	419	29	-	1,489	1,489	96.3%	-	58	58	3.7%
Individual Employment Supports	453	144	106	16	-	266	266	58.7%	-	187	187	41.3%
Group Employment Supports ²	25	15	8	2	-	25	25	100.0%	-	-	-	0.0%
Career Planning ²	5	4	1	-	-	5	5	100.0%	-	-	-	0.0%
Community Respite (Camp) ²	113	70	35	8	-	113	113	100.0%	-	-	-	0.0%
Participant Directed Goods and Services (PDGS) ⁷	39	-	-	39	-	39	39	100.0%	-	-	-	0.0%
Interpreter Service ¹	47	19	-	-	-	19	19	40.4%	-	28	28	59.6%
	167	-	-	-	-	-	-	0.0%	-	167	167	100.0%
	9,030						8,413	93.2%			617	6.8%

Source: HCDDS

Footnotes:

1 - Only available on the I/O Waiver

2 - Not available as a levy service

3 - Home modifications are authorized under PDGS for the SELF waiver

4 - This is provided under either HPC or Money Management for people on waivers

5 - Equipment is funded under PDGS on the SELF waiver

6 - For NMT, when a person uses public transportation, the provider is listed as HCDDS because HCDDS pays for the passes/tickets. This causes the funding source to be listed differently - as a receivable for those enrolled on waivers, HCDDS bills the waiver to recoup 60% of the cost.

7 - Only available on SELF waiver

8 - Not available as a waiver service

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VI. OPERATIONS ANALYSIS (CONTINUED)

Home and Community- Based Waivers (HCBS) (Continued)

Individuals may receive multiple services under a specific waiver. This chart illustrates the utilization of waiver dollars (40% match) over levy dollars. On occasion, individuals may have an immediate need that is determined to be short-term. In these instances, a decision may be made to utilize levy dollars to address and resolve the issue as opposed to placing the individual on a waiver.

The chart below illustrates the County Board 2019 Commitment based on the 2018 PAWS Cost (Payment Authorization for Waiver Services):

Exhibit 9: HCDDS County Board Waiver Commitment - 2019

Total-IO	Total-L1	Total-SELF	Total-Waiver	Plan Cost %	Adjusted Plan Cost	Waiver Allocation	Amount Owed State	Quarterly Amount
\$ 52,566,399	\$ 4,496,866	\$ 282,062	\$ 57,345,328	88%	\$ 50,463,889	\$ 14,284,738	\$ 36,179,150	\$ 9,044,788

Source: HCDDS

The Plan Cost % is the estimated percentage of waivers dollars that will be utilized by individuals yielding the Adjusted Plan Cost. The waiver allocation is the amount the state will allocate to Hamilton County.

Home and Community Based Waivers Waiting List

Effective September 1, 2018, Ohio Administrative Code section 5123-9-04 (Appendix B) established a new rule regarding the Waiting List for waivers. This new rule was a collaborative effort between the Ohio Department of Developmental Disabilities, County Developmental Disabilities Boards, providers, advocates and other stakeholders. As of the effective date, everyone that was on the waiting list is now moved to the "transitional" list until they are assessed. All counties in Ohio will be using the new assessment tool. There will be a state-wide list and individuals can only receive services from the county in which they reside. The new assessment categorizes needs as immediate, current or no need. An immediate need must be addressed within 30 days. A current need must be addressed within 12 months. Individuals will be notified in writing the outcome of the assessment. This can be appealed if the individual does not agree. Also, a reassessment can be requested if an individual's circumstances change.

Those on the Transitional Waiting List that are deemed to have a current need will be placed on the new waiting list now known as the current needs list. (Note: anyone who requests a waiver after September 1, 2018 is assessed with the new tool and if the outcome is a current need that person is also placed on the current needs list). The Waiting List rule also dictates the order in which county boards enroll people on waivers. Thus, until HCDDS completes the assessments for individuals on the Transitional Waiting List and determines immediate need, current need or no need, HCDDS does not know the proper order to enroll the current need individuals.

Individuals who are assessed with immediate needs may receive assistance either through a waiver or locally funded services. Typically, if an individual's needs will be on-going then he/she will be addressed through waiver enrollment (40% match). Waiver services are a lifetime commitment. Thus, if the need identified is short-term, levy funds may be a better alternative. Additionally, local funds are used if the total service cost for an individual does not warrant enrollment on a waiver. This threshold is approximately \$5,000 per year.

HCDDS has also supported people in their efforts to obtain and maintain paid community employment. This is one area the agency allows for new development/new authorizations. Typically, these costs do not exceed the \$5,000 guideline. This philosophy supports the Ohio Employment First initiative that includes requirements for Ohio's Development Disabilities systems.

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VI. OPERATIONS ANALYSIS (CONTINUED)

Home and Community Based Waivers Waiting List (Continued)

Both Community Integration and Training Education (CITE) and behavioral support services are not covered by waivers but are integral in reducing the need for future long term supports and services. These services are funded by levy dollars. CITE services are provided by a contract agency to youth and their parents/guardians. The HCDDS behavior support team is available to persons or teams in need of support. This group works with individuals, families and providers to address behavioral concerns and develop strategies to support individuals in their homes and communities.

There are over 1,500 individuals with an SSA on the transitional list that must be assessed by December 31, 2019. The remaining approximately 1200 must be reassessed by December 31, 2020. As of March 31, 2019, there are 2,558 on the transitional waiting list. Of the 435 assessments performed since the effective date of the ruling, 29 (6.6%) individuals have been identified with current needs. In the past, individuals could request to be added to each of the three different waiver waiting lists. Additionally, individuals could be on multiple county waiting lists. This resulted in over 30,000 people on the state's list.

HCDDS Eligibility staff (along with two additional experienced SSAs) are working the transition list. The new assessment tool is extensive. This new tool can take an additional 45-60 minutes depending on the complexity of the needs as compared to the old methodology. In addition to working the transition list, eligibility staff are also responsible for addressing emergencies, and conducting new assessments and requested reassessments. According to the Director of the Office of Inclusion and Collaboration, the prioritization is emergencies, initial assessments, reassessment requests and then the transition list.

In April 2019, HCDDS leadership made a decision to fill three vacant SSA positions. Initially, these individuals will work with the Eligibility team to expedite completion of the transitional list. These three individuals will then transfer to the SSA function. With this additional staff, the goal is now to complete both contacting the individuals and the assessments by early 2020.

MCM recommends that HCDDS consider hiring additional temporary staff to complete the task of contacting the waiting list individuals and scheduling appointment times and utilize the newly hired staff to assist in the completion of the assessments.

Additionally, HCDDS should consider scripting communication for new staff when contacting individuals regarding the waivers waiting list and assessments.

MCM also recommends that HCDDS create an action plan with specific weekly targets, reportable results and accountability partners to ensure that there is a systematic approach for completing the transition list by the required date(s) and does not result in excessive overtime at year-end.

Additional Cost Impact to Waivers

In addition to the new Waiting List Rule, there are additional potential changes that impact the cost of waiver services. In the current state budget bill there are proposed changes to increase the Homemaker Personal Care (HPC) rate by 5% twice. This is part of the effort to decrease the shortage of Direct Service Providers (DSP). HCDDS has been informed that the first increase will be covered by the state but HCDDS would be required to cover all other increases. This would have an annual \$2 million impact for Hamilton County on current authorizations and greater if there is increased number of waivers and these services are utilized. (This change has been included in the forecast at Financial Analysis and Forecast section of the report at pages 60-64).

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VI. OPERATIONS ANALYSIS (CONTINUED)

Additional Cost Impact to Waivers (Continued)

Additionally, the Non-Medical Transportation service is scheduled to be revamped to focus more on integrating individuals into their communities on a small group basis as opposed to center-based services. This change would include higher cost as individuals would be transported using smaller vehicles instead of large buses or vans as is typical for facility-based programs. The time frame for this change isn't confirmed but is expected to have an impact on the Agency in the near term.

In addition to the changes to the Waiting List and services consideration must be given to "waiver creep" Waiver creep is the increase cost of waiver services due to aging adults, aging caregivers or both. Aging often results in increased needs and services. DODD has indicated that 3% is a reasonable state average for waiver creep. This percentage was utilized in the HCDDS's forecast. The waiver creep, changes in services and increases in costs to providers and to the agency along with the financial impact of the new Waiting List rule creates significant uncertainty in predicting future costs.

MCM recommends that HCDDS solidify mechanisms to track and trend the outcomes to strategize for the future.

School Programs

Margaret Rost (Rost) and Bobbie Fairfax (Fairfax) schools serve students with significant disabilities. At the time of MCM's site visit to Fairfax, 28 students were enrolled at Fairfax and 42 students were enrolled at Rost. (The Early Intervention programs are also housed at each school.) In addition to the challenges these students face, approximately half of these students qualify for the free or reduced lunch program. (An applicant is considered eligible for free meal benefits if the household income is at or less than 130% of the USDA established poverty guidelines or if the student receives food stamps or Ohio Works First (OWF) benefits. This number does not include the several students who cannot eat by mouth.)

Ohio Administrative Code (OAC) Section 3351-51-09 mandates that a classroom may have no more than eight children with handicaps. The ages of the children must also fall within a 60 month range. Currently the student to classroom ratio at Rost and Fairfax is about 5.2.

There are 44 counties of the 88 counties in Ohio that provide school age programs. Listed below are the counties that have more students than Hamilton County and the Student to Classroom ratio. There was not any additional information regarding the medical acuity of the students in these schools.

Exhibit 10: Comparative County School Data

County	Number of Students	Number of Classrooms	Student to Classroom Ratio	County Population
Hamilton	73	14	5.2	813,822
Franklin	165	24	6.9	1,291,981
Lorain	143	19	7.5	307,924
Ross	112	14	8.0	77,313
Stark	117	19	6.2	372,542
Trumbull	101	13	7.8	200,380

Source: OACB County Board of DD Preschool and School Age Programs (2018-19)

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VI. OPERATIONS ANALYSIS (CONTINUED)

School Programs (Continued)

Rost and Fairfax Enrollments

Exhibit 11: HCDDS Historical Annual School Enrollment

<u>Year</u>	<u>Student Enrollment*</u>
2014	177
2015	137
2016	113
2017	98
2018	87
2019	73

Source: HCDDS

* Number of children enrolled in a county operated school for any day in the year.

As noted in the chart above, school enrollment has decreased approximately 60% since 2014. Revenue includes school tuition along with along with the subsidy from the state.

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VI. OPERATIONS ANALYSIS (CONTINUED)

School Programs (Continued)

The chart below illustrates the revenues and related expenses of the schools operated by HCDDS for each of the years 2016 through 2018:

Exhibit 12: HCDDS Historical School Financial Results

	<u>2016</u>	<u>2017</u>	<u>2018</u>
Revenues:			
School subsidy	\$ 564,730	\$ 1,189,046	\$ 989,102
Federal grants	238,147	233,303	225,756
School district revenue	4,452,567	4,020,562	3,079,857
Miscellaneous	11,657	7,110	8,147
Total revenues	<u>5,267,101</u>	<u>5,450,021</u>	<u>4,302,862</u>
Expenses:			
Salaries and benefits	5,271,514	4,953,177	4,611,807
Contractual services	94,863	10,852	-
Transportation	3,667	-	2,177
Capital outlays		120	746
Other	517,868	579,965	536,619
Total expenses	<u>5,887,912</u>	<u>5,544,114</u>	<u>5,151,349</u>
Net cost of service	<u>\$ (620,811)</u>	<u>\$ (94,093)</u>	<u>\$ (848,487)</u>
Service count per Exhibit 11	113	98	87
Average gross cost per student	\$ 52,105	\$ 56,573	\$ 59,211
Average net cost per student	\$ 5,494	\$ 960	\$ 9,753

Source: HCDDS
See Consulting Report

The current enrollment is 73 students. Based on 2018 financials, the schools would need approximately seventeen additional students (90 total) students to operate without a deficit.

In an effort to place the students in the least restrictive environment and keep them in the schools their siblings attend, the staff at both schools work with the school districts to develop satellite classrooms. In the past few years, HCDDS staff have worked with 7 school districts in Hamilton County to set up 11 classrooms at elementary, middle and high schools. Currently, there is one satellite classroom at Three Rivers Middle School. Ultimately the school districts determine the level of support needed from HCDDS. Over fifty students have been served in these classrooms. The satellite classrooms contribute to the declining enrollment at Rost and Fairfax. The school districts pay \$30,000/student for satellite classroom as opposed to \$50,000/student at Rost and Fairfax. The prioritization of the students' needs does impact the schools' finances.

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VI. OPERATIONS ANALYSIS (CONTINUED)

School Programs (Continued)

In addition to the schools and satellite classrooms some students also receive home instruction. However, this is only up to five hours per week. (This is not provided by HCDDS staff).

HCDDS staff also provide itinerant support to students in the public schools to support children with moderate to intense needs in the classroom. A referral is required along with permission from the school and both parents/guardians. The agency will send a variety of professionals to collaborate with the school staff. If the student qualifies potential services provided could include therapy, behavior consultation, curriculum adaptations, general classroom support and training. Itinerant support is consultative and there is no charge to the schools.

The Ohio Administrative Code 3301-51-07 - Individualized Education Programs - requires Transition Services for the student as described below:

Beginning not later than the first Individualized Education Programs (IEP) to be in effect when the child turns fourteen, or younger if determined appropriate by the IEP team, and updated annually, thereafter, the IEP must include:

- a. Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, and, if assessment data supports the need, independent living skills;
- b. Appropriate measurable post-secondary goals based on age-appropriate transition assessments related to integrated employment in a competitive environment; and
- c. The transition services (including courses of study) needed to assist the child in reaching those goals.

HCDDS provides transition support to aid the individual and the families in making the passage from childhood to adulthood.

HCDDS Board of Directors adopted a resolution in March 2018 (Appendix C) that affirms the Board's commitment to provide guidance and continued support to the future of the HCDDS operated schools.

The schools are located on the east and west sides of Cincinnati. While a central location may initially seem an alternative, lengthening the time the students spend in transit on the buses is not a viable solution as many of the students have both severe disabilities and complex medical needs.

There are 22 school districts in Hamilton County. The principals at Rost and Fairfax are attempting to meet with these districts to strengthen the relationships and be part of the conversation regarding the placement of students.

MCM recommends the following:

1. HCDDS should create a formal action plan to conduct meetings with target dates in all 22 districts to discuss both Fairfax and Rost schools and how the staff can partner with the public schools to provide services that best meet the needs of the students. (The Director of School Programs at HCDDS has begun this process; however, MCM recommends HCDDS formalize a plan to ensure meetings are held at each school at least annually.)

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VI. OPERATIONS ANALYSIS (CONTINUED)

School Programs (Continued)

2. To ensure that parents/guardians are aware of the services offered at Rost and Fairfax, HCDDS should consider partnering with the school districts to identify students receiving home instruction. The Director of Programs for HCDDS, is prepared to meet with parents to identify any barriers to entry to the schools. HCDDS and school district personnel, with parental/guardian support, can evaluate the student to determine if the he/she could benefit from attending Fairfax or Rost for his/her educational needs. If regulations prohibit the school districts from sharing a list of students receiving home instruction, HCDDS can still partner with the districts to communicate with these parents/guardians via special informational meetings led by the Director of School Programs for HCDDS.
3. HCDDS should consider conducting an operational efficiency study regarding the schools. The outcome of this study may identify opportunities for revenue enhancement, expense reduction or options for resource allocation.

Service and Support Administrators and Targeted Case Management

A Service and Support Administrator (SSA) is a person who works for a County Board of Developmental Disabilities and is assigned to a person with disabilities (or guardian) to act as the primary, or main point of coordination for services and supports.

The SSA provides targeted case management. Targeted case management means services which will assist individuals in gaining access to needed medical, social, educational and other services as described in this rule in accordance with section 1915(g) of the Social Security Act (42 U.S.C. 1396n(g)(2)) as effective October 1, 2015. Targeted case management is also referred to as Medicaid case management.

A person with a developmental disability is eligible to receive service and support administration when:

- 1) The person is 3 years or older and request an SSA
- 2) The person receives a Medicaid waiver administered by the Ohio Department of Developmental Disabilities (DODD)
- 3) The person lives in a nursing home or intermediate care facility (ICF) and requests assistance to move from the facility to the community.

The SSAs assist the individual and his/her team develop an individual service plan (ISP) called "My Plan". This plan describes the services, supports and activities to be provided to the person with a disability. This plan is person-centered. The team also focuses on outcomes for the future for the individual. This includes what is important to the individual and for the individual.

The SSA determines the resources needed and available and also develops a budget for approval. The SSA ensures that the individual and the team has the information and training to do what is included in the ISP. The SSA has an annual meeting with the individual and at least one additional face-to-face meeting during the year. Depending on the needs of the individual an SSA may have multiple interactions throughout the year.

Targeted case management is a billable service to Medicaid. A unit of service is 15 minutes. The total minutes of services are per calendar day. The reimbursement rate is \$19.50/unit. HCDDS receives 60% of this amount which is \$11.70/unit. SSA services are mandated for the agency and must be provided regardless of levy funding. A summary of targeted case management revenue for the period 2016-2018 is included in the table below.

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VI. OPERATIONS ANALYSIS (CONTINUED)

Service and Support Administrators and Targeted Case Management (Continued)

The chart below captures both the revenues and related expenses for providing SSA services. This chart also includes the average cost of services.

Exhibit 13: Service and Support Administration Historical Financial Information

	2016	2017	2018
Revenues:			
Federal grants	\$ 5,700	\$ 6,021	\$ 2,249
Medicaid revenue - TCM	3,275,151	3,212,747	3,747,712
Medicaid revenue - MAC*	1,727,833	1,410,459	2,240,868
Total revenues	5,008,684	4,629,227	5,990,829
Expenses:			
Salaries and benefits	10,234,118	11,305,776	12,576,925
Contractual services	1,832	-	-
Transportation	7,543	-	-
Capital outlays	1,141	100,242	1,656
Other	847,790	1,087,243	896,224
Total expenses	11,092,424	12,493,261	13,474,805
Net cost of service	\$ (6,083,740)	\$ (7,864,034)	\$ (7,483,976)
Service count per below**	6,198	5,845	5,114
Average cost per service	\$ 982	\$ 1,345	\$ 1,463
TCM units^	298,958	327,937	363,255

Source: HCDDS
See Consulting Report

* Medicaid Administrative Claiming (MAC) is a joint state and federal program that offers reimbursement for a portion of cost of certain administrative activities that support the Medicaid program and the population it serves.

** Number of individuals receiving SSA services

^ TCM units are based on calendar year but reimbursement may carry over into the first few months of the next calendar year.

SSA services are mandated by the state and must be provided regardless of levy funding. Historically, the net cost of service has increased from \$6.1 million in 2016 to \$7.5 million in 2018. HCDDS projects the net cost of service will increase to approximately \$9.0 million in 2019.

Productivity

SSAs currently work 36.25 hours/week and have a productivity target of 65%. Productivity is calculated as follows:

$$\frac{\text{\# of Documented TCM minutes in a month}}{\text{\# of worked minutes in a month}}$$

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VI. OPERATIONS ANALYSIS (CONTINUED)

Service and Support Administrators and Targeted Case Management (Continued)

In 2018, the SSA productivity averaged 68.5%, exceeding the goal of 65% by 3.5%. There are approximately 122 SSAs and an average of 86% achieved or exceeded the 65% goal. There was an average of 16 SSAs per month who achieved less than 60% productivity. SSA productivity includes both billable units of TCM and other factors such as documentation and travel time that are not billable. While capturing all the components of the productivity standard are important - the key metric is billable TCM units as these produce revenue for the organization.

MCM performed on-site interviews with two groups of SSAs which included both waiver and non-waiver adult and children team members. During the interviews the individuals shared the different methods (both manually and electronically) that were used to document case notes and capture TCM minutes. Ideally, SSAs should document notes and capture TCM minutes during the session or immediately after to ensure the most accurate information. However, if these are captured manually, there is additional time required to submit electronically within the Gatekeeper system. (Gatekeeper is the current electronic system utilized by the teams. HCDDS has also investigated options for a new technology program. Due to some upcoming changes at the state level, HCDDS has delayed this selection.)

With the utilization of technology off-site, SSAs could improve efficiency and accuracy. Additionally, as a bi-product of this change, for example, if each SSA were able to increase charge capture by one additional TCM unit per day, HCDDS could see an increase of revenue of approximately \$335,000 annually.

Some SSAs commented on their hesitancy to utilize technology during a visit with an individual. Use of technology in the field could be an opportunity to demonstrate HCDDS's commitment to utilizing technology to improve services provided to individuals.

The importance of this service and the associated revenue stream cannot be overstated to both the individuals served and the agency.

MCM recommends:

1. HCDDS consider increasing the productivity target to 70% after reviewing the statistics for 2018.
2. HCDDS consider including the billable TCM units in the monthly report as a Key Performance Indicator. A person could achieve 65% productivity but not produce an acceptable number of billable units.
3. HCDDS consider tracking billable minutes or units for each SSA. For those individuals who do not achieve the target on a routine basis a performance improvement plan should be developed.
4. HCDDS should identify top performers in both timely documentation and charge capture to develop a Gold Standard in this area similar to the task force assembled to address the direct support professional issues. Best practices utilized by the Gold Standard group can be shared with the SSA team to improve overall efficiency and effectiveness.
5. HCDDS should develop a strategy and conversion timeline for utilizing electronic devices during off-site visits. This strategy should also include training on maintaining effective engagement with individuals while documenting electronically.

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VI. OPERATIONS ANALYSIS (CONTINUED)

Direct Support Professionals

Direct Support Professionals (DSPs) assist and support those with developmental disabilities with activities of daily living. The services provided are dependent upon the assessed needs of the individual. There is a workforce crisis not only in Ohio but across the United States. The Department of Labor projects that direct care will be the number one job in demand during the next twenty years. The following issues contribute to this crisis according to the President's Committee on People with Disabilities:

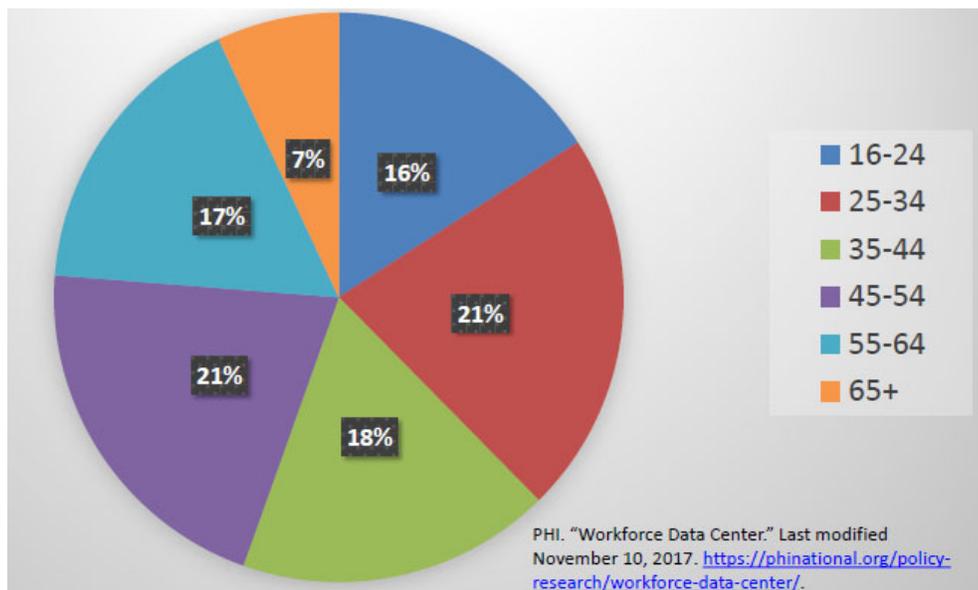
- 1) Low wages
- 2) High staff turnover
- 3) Growing demand for services
- 4) High stress and demands of the job

Additionally, the Nisonger Institute sponsored a report that notes meager benefits, high accountability for actions, isolation from other workers and supervisors, and insufficient training and professional development as contributing barriers to entry to the profession.

Aging caregiver populations and those with developmental disabilities are living longer contribute to the challenges facing providers and HCDDS.

The aging of the population served, caregivers and providers is a focus for the agency (refer to trends noted in the Effectiveness of Strategic Planning section of the performance review report).

Exhibit 14: Age of Direct Support Professionals in United States



Source: American Community Survey, a division of the United States Census Bureau

As illustrated above, 45% of DSPs are age 45 or older. Approximately half of the Direct Support Professionals also rely on government benefits.

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VI. OPERATIONS ANALYSIS (CONTINUED)

Direct Support Professionals (Continued)

The Ohio General Assembly has provided additional resources to increase the wages for DSPs. However, the national average for a DSP is \$10.72/hr. Recruitment and retention are a challenge as other professions often pay more with less responsibility.

In an effort to educate the general public regarding the role of a DSP and opportunities for employment, the Ohio Provider Resource Association along with DODD, county DD boards, and the Ohio DD Council launched a public awareness campaign in 2018. A website was also developed that features providers and employment opportunities in each county.

The Ohio Department of Developmental Disabilities (DODD) and HCDDS provides both agency and independent provider training throughout the year. In addition, HCDDS offers an intensive training called North Star Advantage that is a gateway to becoming a Gold Standard provider. This is a collaborative effort between HCDDS and providers. This program is a county-wide effort to improve the quality of services for people served, with the goals of developing and retaining competent direct support staff and supporting a positive culture. Another mechanism that addresses the shortage of DSPs is to increase the use of technologies such as smart homes and remote support. This increases the independence of the individual, is more economical for the provider agency, and still provides a safe environment. HCDDS has collaborated with Butler and Clermont counties along the DODD and OSU's Nisonger Center to develop a regional Smart Home.

MCM recommends that HCDDS continue to collaborate with DODD, providers, and other county agencies to address the DSP shortage that continues to impact the individuals and families HCDDS serves.

Affordable Care Act

The Affordable Care Act (ACA) was passed into law in March 2010. In 2013 the Ohio Disability and Health Program reported the following noting that some of these provisions were in effect in 2010 and others beginning in 2014.

The chart below illustrates how the ACA impacts persons with disabilities (PWD).

1. Expands Access to Insurance Coverage
 - Expands Coverage through Individual Mandate, Marketplace, and Medicaid
 - Extends Parent-Dependent Coverage (up to age 26)
2. Improves Long Term Supports and Services for PWD
 - Makes Improvements to Money Follows the Person Program, Home and Community Based Services, and Balancing Incentive Program
3. Enhances Protections for PWD
 - Eliminates Insurance Company Discrimination on Pre-existing Conditions
4. Improves Accessibility and Quality of Health Care for PWD
 - Mandates Free Coverage of Preventive Services
 - Requires Essential Health Benefits be Covered
 - Ends Lifetime Limits on Health Benefits
 - Improves Accessibility of Examination Equipment and Data Collection

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VI. OPERATIONS ANALYSIS (CONTINUED)

Affordable Care Act (Continued)

The Affordable Care Act (ACA) allows states to expand Medicaid eligibility (the process is referred to as "Medicaid Expansion") to uninsured adults and children whose incomes are at or below 138% of the federal poverty level (FPL). Prior to January 1, 2014, Medicaid eligibility for adults was limited to those with certain qualifying characteristics such as parenthood or disability, and the income limitation for most Medicaid eligibility groups was at or below 90% of the FPL.

Exhibit 15: Historical Percentage of Ohio Population at or Below the Federal Poverty Level Who Were Uninsured

Year	% of Ohioans at or below the Federal Poverty Level who were uninsured
2012	32.4%
2017	12.8%

Many individuals with developmental disabilities are already insured through Medicaid. However, it is reasonable to assume there are newly eligible persons, previously uninsured, with family members that are developmentally disabled and were not aware of the services available to themselves and to their family member.

According to the 2016 ACS (American Community Survey - Census Bureau) approximately 96.3 percent of Ohioans with disabilities ages 21 to 64 have health insurance (nationally, this rate is 90.3 percent).

The Research from the Collaborative on Health Reform and Independent Living also shows that employment rates for workers with disabilities rose in Medicaid expansion states (from 41.3 percent to 47.0 percent) but declined in non-expansion states (from 43.5 percent to 41.4 percent) after ACA implementation.

The current administration has stated that a replacement health care plan for the Affordable Care Act will not be introduced until after the 2020 elections.

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VII. COMPARATIVE DATA AND ANALYSIS

Comparison with Other Ohio Developmental Disabilities Boards

Beginning in 2016, the DODD Cost & Expenditure reports do not include statistical information regarding individuals served by age groups for each county. This change prohibited MCM from comparing Hamilton County to other counties for different services for children and adult services. Furthermore, the information also excludes staffing levels for services, further complicating meaningful comparisons.

Hamilton County is a member in the Ohio Association of County Boards. HCDDS participates and often leads multiple county work groups and collaborates with neighboring counties on multiple projects. HCDDS Superintendent, Alice Pavey, is also President of the Board of Directors for the Southwestern Ohio Council of Governments. Additionally, HCDDS participates in the various groups within the Region 3 group of developmental disabilities boards. These activities give HCDDS the opportunity to exchange and compare information regarding programs, challenges, opportunities and solutions.

A review of multiple websites found Hamilton County's website to be more transparent than peer counties. The website integrates multiple platforms that creates increased functionality for and connectivity with users. HCDDS's website is intuitive, audience-focused, interconnected, transparent and accessible.

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VIII. FINANCIAL ANALYSIS AND FORECAST

Discussion with Management

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 16: Levy Forecast 2019-2024

Hamilton County DDS Forecast	2019	2020	2021	2022	2023	2024
	Budget	Forecast	Forecast	Forecast	Forecast	Forecast
Beginning Fund Balance ^{1,2}	\$ 84,089,121	\$ 90,641,000	\$ 89,223,284	\$ 86,250,521	\$ 79,621,711	\$ 68,387,854
Revenues						
Property Tax ³	72,579,000	73,116,284	73,466,237	73,816,190	74,166,143	74,516,096
State ⁴	3,750,000	-	-	-	-	-
Federal ^{5, 6, 9}	9,905,000	9,195,000	7,340,000	7,541,000	7,778,000	8,028,000
School District ^{7, 10}	3,525,000	3,650,000	3,600,000	3,650,000	3,600,000	3,750,000
Department of Education ⁸	840,000	876,000	864,000	876,000	864,000	900,000
Housing and Planning Strategies ¹¹	-	-	60,000	60,000	60,000	60,000
Miscellaneous	621,000	516,000	516,000	521,000	526,000	524,000
Total Revenues	91,220,000	87,353,284	85,846,237	86,464,190	86,994,143	87,778,096
Expenditures						
Salaries and Benefits ^{12, 13}	28,751,000	29,695,000	30,098,000	31,415,000	31,442,000	32,348,000
Waiver Program ^{14, 15, 16}	41,250,000	41,869,000	44,335,000	46,951,000	51,712,000	54,552,000
Contractual Services ¹⁵	6,450,000	6,644,000	6,841,000	7,044,000	7,250,000	7,459,000
Transportation ¹⁸	1,157,000	1,188,000	1,220,000	1,252,000	1,285,000	1,319,000
Capital Outlay ¹⁷	1,759,000	1,464,000	814,000	814,000	814,000	814,000
Housing and Planning Strategies ¹¹	200,000	2,708,000	204,000	204,000	204,000	204,000
Other ¹⁸	5,101,121	5,203,000	5,307,000	5,413,000	5,521,000	5,632,000
Total Expenditures	84,668,121	88,771,000	88,819,000	93,093,000	98,228,000	102,328,000
Change in Net Fund Balance	6,551,879	(1,417,716)	(2,972,763)	(6,628,810)	(11,233,857)	(14,549,904)
Ending Fund Balance	\$ 90,641,000	\$ 89,223,284	\$ 86,250,521	\$ 79,621,711	\$ 68,387,854	\$ 53,837,950

Source: HCDDS
See Consulting Report

Mandated Services

Mandated services are those that the County is required to provide regardless of levy funding. HCDDS estimates that the cost of these mandated services is approximately \$48.3 million for 2019.

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VIII. FINANCIAL ANALYSIS AND FORECAST (CONTINUED)

Cash Flow Projection assumptions and Related Key Discussion Points

- 1) The starting point for this projection is the actual cash balance as of 12/31/2018 for all of the agency's funds as follows:

Operating	\$ 83,569,360
Help Me Grow	94,198
Capital	67,678
Memorials	357,885
Total	\$ 84,089,121

- 2) The 2019 column will originally reflect the Agency budget as submitted to the County Performance accounting system. Since this budget was prepared in July 2018, known or anticipated adjustments will be reflected as needed.
- 3) HCDDS will receive a **renewal of the existing millage rate of 4.13** for the upcoming levy cycle, which will yield the same effective rate. This results in approximately \$73-\$74 million in revenue annually for HCDDS.
- 4) While the DODD subsidy is projected to continue at its current level throughout the period, it will change in nature and beginning in 2020. Instead of receiving funds it will be an increase to the Agency's Medicaid Waiver Match Allocation.
- 5) Since the Cost Report Settlement number is tied to the former operation of the Adult Centers, the Agency will cease to receive these funds when DODD completes the process for 2017. While there will be settlement beginning for Targeted Case Management (TCM) billings, it is impossible to project that at this time.
- 6) The waiver reconciliation process has been tightened to the point where the Agency anticipates receiving only a small amount from this source each year. Note: subsequent to the preparation of the assumptions, the waiver reconciliation for SFY 17 was completed and resulted in the Agency owing \$700,000 instead of the anticipated small cash receipt.
- 7) School subsidy and school district tuition are both based on the annual enrollment totals projected by the school staff. The subsidy is based on the number of children enrolled by school district and their related disability. In recent years the subsidy has averaged \$12,000 per student.
- 8) The Agency has been advised by the Ohio Department of Education (ODE) that the Comprehensive Continuance Improvement Plan (CCIP) grant will be a much smaller amount in the coming year and that the Agency should plan on its elimination by the end of the 2019/2020 school year. The other grants are anticipated to show small declines but to remain largely unchanged.
- 9) Medicaid revenue at this time is largely made up of TCM billings performed by the Service and Support Administrators (SSAs). The plan reflects an approximate 5% annual increase in the overall activities of the SSA department. This is a result of more waivers, increased activities of the SSAs performing the work and the number of SSAs. Thus, the TCM portion of this amount reflects a 5% annual increase. The Medicaid Administrative Claiming (MAC) is a joint federal and state program that offers reimbursement for a portion of the cost of administration of the Medicaid program and the population it serves. MAC is anticipated to hold even over the term.

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VIII. FINANCIAL ANALYSIS AND FORECAST (CONTINUED)

Cash Flow Projection assumptions and Related Key Discussion Points (Continued)

- 10) The school district tuition is considered to be held even at \$50,000 per student per year for the term of this projection. The enrollment totals were projected by the school staff.
- 11) The DD field continues to struggle with two very specific housing issues. The first relates to providing safe, effective housing for persons with significant law enforcement history. Often times, they are ineligible for affordable housing due to past felonies. The other relates to providing respite care for people whose housing needs are in transition. Hamilton County is studying plans that have been implemented in other counties and intends to replicate successful strategies from those plans, including the creation of housing to meet these needs. The housing units will be operated by a housing agency and area provider and are designed to meet the Medicaid requirements of these types of housing. One home will be dedicated to individuals who have emergency needs for respite, loss of care giver, or are unable to return to home due to pending abuse/neglect issues. The second residential development will be for individuals who have been involved in the justice system, have addiction issues or other related issues and are difficult to house. This type of residential setting does not currently exist in the region. Many times, individuals have to be placed out of county or out of state for these services. The Agency is getting increasing pressure from the courts to house these individuals in Hamilton County. The projected impact of creating these housing units is reflected in the planning strategies lines of the cash forecast.
- 12) The 2019 salaries and benefits budget were created to address the personnel needs of the Agency for this year. Going forward in this projection the only staff additions were in the SSA department. By formula HCDDS anticipated the need for additional SSA's as the number of waivers increased. This projection anticipates the need for an additional three quarters of an SSA team over its life. Additionally, it reflects a three percent wage increase for existing staff every other year to meet the demands of the market.
- 13) Benefits have been projected to grow by approximately three quarters of a percent each year.
- 14) Projecting waiver costs over the period requires several assumptions. These include the number of new waivers of each type that will be required in future years and the amount by which the cost of a waiver will increase each year (known as waiver creep).
 - a. The difficulty of this process has been compounded by the revision of the waiting list rule in September 2018. Under the old rule there were in excess of 8,000 entries on the waiver waiting list. By rule this list included duplicates, people living in other counties and many names that would never require the issuance of a waiver. Under the rule change, this list was pared down to approximately 3,600 names. The process requires that an assessment of needs be completed on each of these people unless they request to be removed from the list voluntarily. Staff have been assigned and new staff hired in order to expedite this process. It is unclear at this time what impact the new rule will have on the rate in which new waivers are identified.
 - b. The Agency experienced a large increase (4%) in the rate in which emergencies that required the issuance of an I/O waiver were encountered in 2018. It is unclear if this increase is an aberration or it represents a new trend. The historical rate of growth since 2012 has been an average of 1% per year. For purposes of this forecast it was assumed that the Agency would experience a 2% growth in I/O waivers in the current year due to the combined impact of ongoing operations and the cleanup of the waiting list. For subsequent years, the Agency assumed that it would experience the historical growth rate of 1%. As of March 31, 2019, the Agency has already seen a 1% increase for this year.

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VIII. FINANCIAL ANALYSIS AND FORECAST (CONTINUED)

Cash Flow Projection assumptions and Related Key Discussion Points (Continued)

- c. Over the period of time that the Agency has been administering waivers, the waiver creep factor has fluctuated. In the early years the Agency experienced numbers in the range of 5% - 6%. Great effort has been placed on controlling this number in recent years. As a result of these efforts, recent experience indicates that the Agency is holding it closer to 3%. This number varies widely throughout the state with counties generally reporting 3% - 5%, with some as high as 15%. In calculations prepared by DODD, they have indicated that 3% is a reasonable state average. Thus, the Agency utilized a 3% waiver creep for purposes of this forecast.
 - d. By implementing these assumptions, the Agency has seen an overall increase of approximately 5% per year in the waiver match over the period of this forecast.
 - e. Consideration was given to the question of what period of time could the Agency expect this rate of growth to continue. To address this question, the Agency applied its current experience rate of 1,908 waivers issued against a total number of people served of 5,371. The 2018 population of Hamilton County was in excess of 800,000 people. With an incidence rate of 3% of the population experiencing developmental disabilities it is estimated that up to 24,000 people in Hamilton County might be eligible for HCDDS services. While the Agency knows that it will never serve that many people, it is reasonable to assume that the 1% growth rate could continue throughout the period of time in question.
- 15) The statewide DD system is under great pressure to increase Medicaid reimbursement rates in order to allow provider agencies to increase wages paid to their direct care staff. The current homemaker/personal care (HPC) rate was built in such a manner as to provide for an hourly wage to the direct care providers of approximately \$11 per hour. It is believed that this is a large factor causing the crisis in finding direct care staff. DODD is working on a plan whereby the HPC rate will be increased twice over the next two years. The cost of the first increase will be borne by DODD and the cost of the second increase is expected to be paid by the counties. While consideration is being given by the state to providing funds to the counties to offset the cost of some of the second increase, no assurances have been provided. The estimated annual cost of the second increase for Hamilton County is \$2 million. This forecast reflects this increase beginning in 2023. It should be noted that these two increases will have the effect of increasing the covered wage to approximately \$13.25 per hour. Given the current pressure in our society to increase wages to a minimum of \$15 per hour it is believed that further increases will be needed during the forecast period.
- 16) As a result of DODD's continued emphasis to increase the employment rate and overall community involvement of people with developmental disabilities, the Agency knows that rule changes are being planned which will change the Medicaid billings for both Adult Day Array and Nonmedical Transportation over the next three years. Based on early discussions it is apparent that these changes will cause the Agency's waiver match to increase. Until the rules are complete it is impossible to reflect the impact of these changes on the projection.

**Board of County Commissioners Tax Levy Review Committee
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VIII. FINANCIAL ANALYSIS AND FORECAST (CONTINUED)

Cash Flow Projection assumptions and Related Key Discussion Points (Continued)

- 17) Two major factors were taken into account when forecasting capital outlays needed for the Agency.
 - a. Due to lack of attention to the facilities in recent years substantial upkeep is necessary at this time. Thus, in 2018 several projects were completed. This effort will continue in 2019 and 2020. These projects include the replacement of HVAC systems and roofs, installation of sprinkler systems in the schools and repairs to parking lots and sidewalks.
 - b. In September 2018, the Agency had a safety assessment completed of its facilities. Upon completion of this assessment it was determined that it is necessary for the safety of the staff and visitors to implement many of the recommendations. The estimated cost of implementing these recommendations is included in this projection.
 - c. Once the Agency completes these projects the forecast reflects an annual amount that will be needed in order to maintain the facilities in a safe and efficient manner and provide needed equipment.
- 18) The cost of levy funded services and other operating costs reflect level operations with a 2% inflationary increase per year.

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IX. POSSIBLE THREATS OR OTHER ISSUES

The trends identified below are potential threats to the financial viability of the agency resulting in a potential decrease of services to the individuals served:

- Federal uncertainty
- State and national shortage of direct support providers
- Aging population
- New waiver waiting list rule impact

The agency has developed a three-year strategic plan to be more responsive to its' ever-changing environment and plan more effectively. Refer to the Strategic Planning and Operations Analysis Sections of the performance report for more detail.

**Board of County Commissioners Tax Levy Review Committee
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X. EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS

Strategic Plan Development

Historically, HCDDS has prepared a five-year Strategic Plan. Beginning in 2019, HCDDS Leadership elected to shorten the Strategic Plan to a three-year period covering 2019-2022. This was done to allow for more effective planning and to provide the agency the ability to respond to an ever- changing environment for the people they serve.

The Strategic Plan is a collection of intentional decisions to support the mission and vision and to position the agency to respond to the stakeholders' needs and concerns, deliver quality services in a fiscally responsible manner and be thought leaders in the area of developmental disabilities.

Input was solicited from key agency stakeholders, including individuals, individual family members, providers, employees and members of the Hamilton County community at large, through a variety of forums such as focus groups, surveys, social media, informal conversations and day to day interactions with HCDDS individuals and their families.

After evaluating state and national trends and stakeholder feedback, the following service needs and opportunities for improvement were identified:

- State and national shortage of direct support providers
- Aging population
- Community integration
- Competitive community employment
- Housing and transportation difficulties
- Partnerships/shared resources across agencies
- Federal uncertainty
- Data informed decision making
- Leveraging technology
- Increased demand for board fiscal responsibility
- Redefining role in the community

During the performance evaluation process, MCM performed a SWOT analysis with each member of the HCDDS Leadership team. This analysis mirrored the same opportunities and challenges identified during the strategic planning retreat and subsequently addressed in the strategic plan.

The service needs and opportunities for improvement are the basis for the Strategic Plan, which is categorized into five key components:

- 1) Community Partnership
- 2) Family Engagement
- 3) Go-To Resources
- 4) Innovative Solutions
- 5) Service Quality & Fiscal Responsibility

A draft of the Strategic Plan was presented to the HCDDS Board of Directors at a retreat held in December 2018 to give them the opportunity to provide feedback prior to finalizing the Strategic Plan.

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services**

X. EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS (CONTINUED)

Strategic Plan Execution

The Leadership team develops an Annual Plan each year to support tactical execution of the Strategic Plan. The Annual Plan is developed in the fall of the preceding year and presented to the HCDDS Board of Directors for input and approval. Similar to the process for developing the Strategic Plan, the agency solicits feedback annually from community stakeholders via a public forum before finalizing the Annual Plan in an effort to address any emerging issues or concerns. In January of each year, the Annual Plan is presented again to the HCDDS Board of Directors for approval noting any changes that resulted from the public forum. The 2019 Annual Plan contains 10 specific goals and related action steps supporting the five components of the Strategic Plan.

The Director of the Office of Planning, Innovation and Quality developed the Outcome Management Report that tracks the progress of the goals and related action steps within the Annual Plan. Each action step has been assigned accountability partners who report updates and results to the Director of the Office of Planning, Innovation and Quality on a semi-annual basis.

MCM recommends reporting more frequently so that issues or delays in achieving the goals can be identified and addressed in a timelier manner.

The Strategic Plan, Annual Plan and a year-end Report to the Community regarding the agency's accomplishments are available to the public on HCDDS's website.

A significant focus of the agency is the aging of caregivers, providers and the population served. The table below illustrates the current age groups of individuals served by HCDDS:

Exhibit 17: Trending Age of Individuals Served by HCCDS

Age Range	2019 Actual	2024 Projected	2029 Projected
50 - 54	234	257	279
55 - 59	270	234	257
60 - 64	225	270	234
65 - 69	123	225	270
70+	115	194	348
	967	1,180	1,388

Source: HCDDS

MCM has projected the aging of population served in 2024 and 2029 based upon actual statistics for individuals served in 2019. Amounts projected do not include a morbidity factor. As illustrated, the number aging individuals served increases significantly in five and ten years. Additionally, according to the Nisonger Institute (The Ohio State University) 28% of the direct support professional workforce will be 55 and older by 2020. HCDDS is partnering with other agencies and providers to address the direct support professional crisis. The support of aging of caregivers is addressed in the Family Engagement and Community Partnerships sections of the Strategic Plan.

**Board of County Commissioners Tax Levy Review Committee
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X. EFFECTIVENESS OF STRATEGIC PLANNING - STRATEGIC PLAN ANALYSIS (CONTINUED)

MCM Observations on Strategic Plan and Related Process

In summation, HCDDS's foundation for the strategic plan is the Mission, Vision and Values of the agency. Understanding that the agency is impacted by the social, economic and political climate, they solicited input from numerous stakeholders and considered relevant trends. The Leadership team participates in many work groups with other agencies, collaborates with other organizations, and attempts to stay on the forefront of the developmental disabilities' environment in Ohio and nationally. This knowledge and utilizing an inclusive approach, the plan was drafted comparing current realities with future opportunities and challenges. The Annual Plan incorporates goals and objectives to increase the likelihood of success of the Strategic Plan and the Outcome Management Report provides the tactical steps to execute and monitor the plan at intervals throughout the year.



This process provides a logical sequencing that allows the organization to create a culture of strong strategies, effective planning and decision-making resulting in solid solutions for the people they serve.

Appendices

Board of County Commissioners Tax Levy Review Committee
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Appendix A - Glossary

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).
Behavior Support Plan (BSP)	Defines how services and supports are used to address behavior issues for a person.
Case Manager	A case manager is another term for a Service and Support Administrator (SSA) - see below.
CCIP	Comprehensive Continuance Improvement Plan
CITE	Community Integration and Training Education
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
DSP	Direct Support Professional
EI	Early Intervention - services for children from birth through age 2.
ePHI	Electronic Protected Health Information
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.
FTE	Full-time equivalent employee
GCBH	Greater Cincinnati Behavioral Health Services
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).
HPC	Homemaker Personal Care
ICF	Intermediate Care Facility
IEP	Individual Education Plan - 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.

Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services
Appendix A - Glossary (Continued)

Term	Definition
I/O 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
MAC	Medicaid Administrative Claiming
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.
MHAP	Mental Health Access Point
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 \$100,000 = \$4,130).
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.
OAC	Ohio Administrative Code
ODE	Ohio Department of Education
ODM	Ohio Department of Medicaid - launched in 2013, the Ohio Department of Medicaid is Ohio's first Executive-level Medicaid agency.
ODMHAS	Ohio Department of Mental Health & Addiction Services
Olmstead v. LC	A U.S. Supreme Court decisions 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.
OPERS	Ohio Public Employee Retirement System
ORC	Ohio Revised Code - contains the laws of the State of Ohio.
OWF	Ohio Works First
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.
PSP	Primary Service Provider - One member of the Early Intervention team who is assigned to visit with the family and 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.
QI	Quality Improvement

Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services
Appendix A - Glossary (Continued)

Term	Definition
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	Individuals aged 3 - 22
SELF Waiver	Self Empowered Life Funded Waiver
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 - also called a service coordinator or a case manager. SSAs work with individuals and providers of services to coordinate services. For families who has 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 sever disabilities who need on-going support to perform their work. Support can include on-the-job training, transportation or supervision.
Supported Living	Supporting 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.
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.

Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services
Appendix B - New Wait List Ruling

ACTION: Final

DATE: 11/09/2018 11:16 AM

5123-9-04 **Home and community-based services waivers - waiting list.**

(A) Purpose

This rule sets forth requirements for the waiting list established pursuant to section 5126.042 of the Revised Code when a county board determines that available resources are insufficient to enroll individuals who are assessed to need and who choose home and community-based services in department-administered home and community-based services waivers.

(B) Definitions

- (1) "Adult" means an individual who is eighteen years of age or older.
- (2) "Alternative services" means the various programs, funding mechanisms, services, and supports, other than home and community-based services, that exist as part of the developmental disabilities service system and other service systems. "Alternative services" includes, but is not limited to, services offered through Ohio's medicaid state plan such as home health services and services available at an intermediate care facility for individuals with intellectual disabilities.
- (3) "Community-based alternative services" means alternative services in a setting other than a hospital, an intermediate care facility for individuals with intellectual disabilities, or a nursing facility.
- (4) "County board" means a county board of developmental disabilities.
- (5) "Current need" means an unmet need for home and community-based services within twelve months, as determined by a county board based upon assessment of the individual using the waiting list assessment tool. Situations that give rise to current need include:
 - (a) An individual is likely to be at risk of substantial harm due to:
 - (i) The primary caregiver's declining or chronic physical or psychiatric condition that significantly limits his or her ability to care for the individual;
 - (ii) Insufficient availability of caregivers to provide necessary supports to the individual; or
 - (iii) The individual's declining skills resulting from a lack of supports.

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Appendix B - New Wait List Ruling (Continued)

5123-9-04

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- (b) An individual has an ongoing need for limited or intermittent supports to address behavioral, physical, or medical needs, in order to sustain existing caregivers and maintain the viability of the individual's current living arrangement.
 - (c) An individual has an ongoing need for continuous supports to address significant behavioral, physical, or medical needs.
 - (d) An individual is aging out of or being emancipated from children's services and has needs that cannot be addressed through community-based alternative services.
 - (e) An individual requires waiver funding for adult day services or employment-related supports that are not otherwise available as vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, as in effect on the effective date of this rule, or as special education or related services as those terms are defined in section 602 of the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1401, as in effect on the effective date of this rule.
 - (f) An individual is living in an intermediate care facility for individuals with intellectual disabilities or a nursing facility and has a viable discharge plan.
- (6) "Date of request" means the earliest date and time of any written or otherwise documented request for home and community-based services made prior to ~~the effective date of this rule~~ September 1, 2018.
- (7) "Department" means the Ohio department of developmental disabilities.
- (8) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.
- (9) "Immediate need" means a situation that creates a risk of substantial harm to an individual, caregiver, or another person if action is not taken within thirty calendar days to reduce the risk. Situations that give rise to immediate need include:
- (a) A resident of an intermediate care facility for individuals with intellectual disabilities has received notice of termination of services in accordance with rule 5123:2-3-05 of the Administrative Code.
 - (b) A resident of a nursing facility has received thirty-day notice of intent to discharge in accordance with Chapter 5160-3 of the Administrative Code.

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- (c) A resident of a nursing facility has received an adverse determination in accordance with rule 5123:2-14-01 of the Administrative Code.
 - (d) An adult is losing his or her primary caregiver due to the primary caregiver's declining or chronic physical or psychiatric condition or due to other unforeseen circumstances (such as military deployment or incarceration) that significantly limit the primary caregiver's ability to care for the individual when:
 - (i) Impending loss of the caregiver creates a risk of substantial harm to the individual; and
 - (ii) There are no other caregivers available to provide necessary supports to the individual.
 - (e) An adult or child is engaging in documented behavior that creates a risk of substantial harm to the individual, caregiver, or another person.
 - (f) There is impending risk of substantial harm to the individual or caregiver as a result of:
 - (i) The individual's significant care needs (i.e., bathing, lifting, high-demand, or twenty-four-hour care); or
 - (ii) The individual's significant or life-threatening medical needs.
 - (g) An adult has been subjected to abuse, neglect, or exploitation and requires additional supports to reduce a risk of substantial harm to the individual.
- (10) "Individual" means a person with a developmental disability.
- (11) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
- (12) "Locally-funded home and community-based services waiver" means the county board pays the entire nonfederal share of medicaid expenditures in accordance with sections 5126.059 and 5126.0510 of the Revised Code.
- (13) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.
- (14) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

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- (15) "State-funded home and community-based services waiver" means the department pays, in whole or in part, the nonfederal share of medicaid expenditures associated with an individual's enrollment in the waiver.
- (16) "Status date" means the date on which the individual is determined to have a current need based on completion of an assessment of the individual using the waiting list assessment tool.
- (17) "Transitional list of individuals waiting for home and community-based services" means the list maintained in the department's web-based individual data system which shall include the name and date of request for each individual on a list of individuals waiting for home and community-based services on ~~the day immediately prior to the effective date of this rule August 31, 2018~~ established in accordance with rule 5123:2-1-08 of the Administrative Code as that rule existed on ~~the day immediately prior to the effective date of this rule August 31, 2018.~~ August 31, 2018.
- (18) "Waiting list assessment tool" means the Ohio assessment for immediate need and current need contained in the appendix to this rule, which shall be used for purposes of making a determination of an individual's eligibility to be added to the waiting list for home and community-based services defined in paragraph (B)(20) of this rule and administered by persons who successfully complete training developed by the department.
- (19) "Waiting list date" means, as applicable, either:
- (a) The date of request for an individual whose name is included on the transitional list of individuals waiting for home and community-based services; or
 - (b) The earliest status date for an individual whose name is not included on the transitional list of individuals waiting for home and community-based services.
- (20) "Waiting list for home and community-based services" means the list established by county boards and maintained in the department's web-based waiting list management system which shall include the name, status date, date of request (as applicable), waiting list date, and the criteria for current need by which an individual is eligible based on administration of the waiting list assessment tool, for each individual determined to have a current need on or after ~~the effective date of this rule September 1, 2018.~~ September 1, 2018.
- (C) Planning for locally-funded home and community-based services waivers

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A county board shall, in conjunction with development of its plan described in section 5126.054 of the Revised Code and its strategic plan described in rule 5123-4-01 of the Administrative Code, identify how many individuals the county board plans to enroll in each type of locally-funded home and community-based services waiver during each calendar year, based on projected funds available to the county board to pay the nonfederal share of medicaid expenditures and the assessed needs of the county's residents on the waiting list for home and community-based services. This information shall be made available to any interested person upon request.

(D) Waiting list for home and community-based services

- (1) An individual or the individual's guardian, as applicable, who thinks the individual has an immediate need or a current need may contact the county board in the individual's county of residence to request an assessment of the individual using the waiting list assessment tool. The county board shall initiate an assessment of the individual using the waiting list assessment tool within thirty calendar days. An individual or the individual's guardian, as applicable, shall have access to the individual's completed waiting list assessment tool maintained in the department's web-based waiting list management system and upon request, shall be provided a copy by the county board.
- (2) The county board shall place an individual's name on the waiting list for home and community-based services when, based on assessment of the individual using the waiting list assessment tool, the individual:
 - (a) Has been determined to have a condition that is:
 - (i) Attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness;
 - (ii) Manifested before the individual is age twenty-two; and
 - (iii) Likely to continue indefinitely; and
 - (b) Has a current need which cannot be met by community-based alternative services in the county where the individual resides (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver).
- (3) The county board shall not place an individual's name on the waiting list for home and community-based services when the individual:

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- (a) Is a child who is subject to a determination under section 121.38 of the Revised Code and requires home and community-based services; or
 - (b) Has an immediate need, in which case the county board shall take action necessary to ensure the immediate need is met. The county board shall provide the individual or the individual's guardian, as applicable, with the option of having the individual's needs met in an intermediate care facility for individuals with intellectual disabilities or through community-based alternative services. Once an individual or individual's guardian chooses the setting in which he or she prefers to receive services, the county board shall take action to ensure the individual's immediate need is met, including by enrollment in a home and community-based services waiver, if necessary. Such action may also include assisting the individual or the individual's guardian, as applicable, in identifying and accessing alternative services that are available to meet the individual's needs.
- (4) When a county board places an individual's name on the waiting list for home and community-based services, the county board shall:
- (a) Record, in the department's web-based waiting list management system:
 - (i) The individual's status date; and
 - (ii) For an individual included in the transitional list of individuals waiting for home and community-based services defined in paragraph (B) (17) of this rule, the individual's date of request.
 - (b) Notify the individual or the individual's guardian, as applicable, that the individual's name has been placed on the waiting list for home and community-based services.
 - (c) Provide contact information to the individual or the individual's guardian, as applicable, for a person at the county board who can assist in identifying and accessing alternative services that address, to the extent possible, the individual's needs.
- (5) Annually, a county board shall:
- (a) Review the waiting list assessment tool and service needs of each individual whose name is included on the waiting list for home and community-based services with the individual and the individual's guardian, as applicable; and

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- (b) Assist the individual or the individual's guardian, as applicable, in identifying and accessing alternative services.
 - (6) Under any circumstances, when a county board determines an individual's status has changed with regard to having an immediate need and/or having a current need or an individual's status date has changed, the county board shall update the individual's record in the department's web-based waiting list management system.
- (E) Order for enrolling individuals in locally-funded home and community-based services waivers
- (1) Individuals shall be selected for enrollment in locally-funded home and community-based services waivers in this order:
 - (a) Individuals with immediate need who require waiver funding to address the immediate need.
 - (b) Individuals who have met multiple criteria for current need for twelve or more consecutive months and who were not offered enrollment in a home and community-based services waiver in the prior calendar year. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 - (c) Individuals who have met multiple criteria for current need for less than twelve consecutive months. When two or more individuals meet the same number of criteria for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 - (d) Individuals who meet a single criterion for current need. When two or more individuals meet a single criterion for current need, the individual with the earliest of either the status date or date of request shall be selected for enrollment.
 - (2) Individuals with immediate need and individuals with current need may be enrolled in locally-funded home and community-based services waivers concurrently.
 - (3) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a locally-funded home and community-based services waiver within a specific timeframe.

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- (4) When an individual is identified as next to be enrolled in a locally-funded home and community-based services waiver, the county board shall determine the individual's eligibility for enrollment in a home and community-based services waiver. When the county board determines an individual is eligible for enrollment in a home and community-based services waiver, the county board shall determine which type of locally-funded home and community-based services waiver is sufficient to meet the individual's needs in the most cost-effective manner.
- (F) Order for enrolling individuals in state-funded home and community-based services waivers
- (1) The department shall determine the order for enrolling individuals in state-funded home and community-based services waivers.
 - (2) Meeting the criteria for immediate need and/or current need does not guarantee enrollment in a state-funded home and community-based services waiver within a specific timeframe.
- (G) Change in an individual's county of residence
- When an individual on the waiting list for home and community-based services moves from one county to another and the individual or the individual's guardian, as applicable, notifies the receiving county board, the receiving county board shall within ninety calendar days of receiving notice, review the individual's waiting list assessment tool.
- (1) When the receiving county board determines that the individual has a current need which cannot be met by community-based alternative services in the receiving county (including a situation in which an individual has a current need despite the individual's enrollment in a home and community-based services waiver), the receiving county board shall update the individual's county of residence in the department's web-based waiting list management system without changing the status date or date of request assigned by the previous county board.
 - (2) When the receiving county board determines that the individual has a current need which can be met by community-based alternative services in the receiving county, the receiving county board shall assist the individual or the individual's guardian, as applicable, in identifying and accessing those services.
- (H) Removal from waiting list for home and community-based services
- A county board shall remove an individual's name from the waiting list for home and community-based services:

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- (1) When the county board determines that the individual no longer has a condition described in paragraph (D)(2)(a) of this rule;
 - (2) When the county board determines that the individual no longer has a current need;
 - (3) Upon request of the individual or the individual's guardian, as applicable;
 - (4) Upon enrollment of the individual in a home and community-based services waiver that meets the individual's needs;
 - (5) If the individual or the individual's guardian, as applicable, declines enrollment in a home and community-based services waiver or community-based alternative services that are sufficient to meet the individual's needs;
 - (6) If the individual or the individual's guardian, as applicable, fails to respond to attempts by the county board to contact the individual or the individual's guardian by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable;
 - (7) When the county board determines the individual does not have a developmental disabilities level of care in accordance with rule 5123:2-8-01 of the Administrative Code;
 - (8) When the individual is no longer a resident of Ohio; or
 - (9) Upon the individual's death.
- (I) Advancement from transitional list of individuals waiting for home and community-based services to waiting list for home and community-based services
- (1) The department shall maintain the transitional list of individuals waiting for home and community-based services as defined in paragraph (B)(17) of this rule until December 31, 2020.
 - (2) A county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services.
 - (a) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who receives service and support administration when

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the individual service plan is next scheduled for review following the effective date of this rule September 1, 2018.

- (b) The county board shall administer the waiting list assessment tool to each individual residing in the county whose name is included on the transitional list of individuals waiting for home and community-based services who does not receive service and support administration no later than December 31, 2020. A county board may request and the department may provide assistance to identify, locate, contact, or administer the waiting list assessment tool to individuals residing in the county but unknown to the county board.
 - (c) There are three possible outcomes of administration of the waiting list assessment tool:
 - (i) The county board determines the individual has an immediate need, in which case the individual shall receive services in accordance with paragraph (D)(3)(b) of this rule;
 - (ii) The county board determines the individual has a current need, in which case the county board shall use community-based alternative services in the county to meet the individual's needs or if the individual's needs cannot be met by community-based alternative services in the county, the county board shall add the individual's name to the waiting list for home and community-based services; or
 - (iii) The county board determines the individual has neither an immediate need nor a current need.
 - (d) Once the waiting list assessment tool has been administered to an individual whose name is included on the transitional list of individuals waiting for home and community-based services and a determination made, the county board shall notify the department and the department shall remove the individual's name from the transitional list of individuals waiting for home and community-based services.
- (3) The county board or the department shall attempt to contact each individual whose name is included on the transitional list of individuals waiting for home and community-based services or the individual's guardian, as applicable, by at least two different methods, one of which shall be certified mail to the last known address of the individual or the individual's guardian, as applicable. The department shall remove an individual's name from the transitional list

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of individuals waiting for home and community-based services when the individual or the individual's guardian, as applicable:

- (a) Fails to respond to attempts by the county board or the department to establish contact; or
- (b) Declines an assessment of the individual using the waiting list assessment tool.

(J) Due process

- (1) Due process shall be afforded to an individual aggrieved by an action of a county board related to:
 - (a) The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state medicaid program;
 - (b) Placement on, denial of placement on, or removal from the waiting list for home and community-based services or the transitional list of individuals waiting for home and community-based services; or
 - (c) A dispute regarding an individual's date of request or status date.
- (2) Due process shall be provided in accordance with section 5160.31 of the Revised Code and Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

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Effective: 11/19/2018

Five Year Review (FYR) Dates: 9/1/2023

CERTIFIED ELECTRONICALLY

Certification

11/09/2018

Date

Promulgated Under: 119.03
Statutory Authority: 5123.04, 5126.042
Rule Amplifies: 5123.04, 5126.042, 5126.044, 5126.054, 5126.055
Prior Effective Dates: 07/01/1976, 12/11/1983, 07/01/1991 (Emer.),
09/13/1991, 04/22/1993, 06/02/1995 (Emer.),
12/09/1995, 02/28/1996 (Emer.), 05/28/1996,
07/12/1997, 08/01/2001, 01/02/2002 (Emer.),
03/21/2002, 12/01/2011, 01/01/2016, 09/01/2018

**Board of County Commissioners Tax Levy Review Committee
Tax Levy Performance Review of Hamilton County Developmental Disabilities Services
Appendix C - HCDDS Board Educational Services Resolution**

**Hamilton County Developmental Disabilities Services
Educational Services
Resolution Number 03-13-18**

Upon recommendation of the superintendent and approval by the Program Committee, the Hamilton County Developmental Disabilities Services Board affirms its commitments to and provides the following guidance for the future of HCDDS-operated schools.

Throughout its history, Hamilton County Developmental Disabilities Services has been on the forefront of improving educational opportunities for students with developmental disabilities. Partnering with families and local school districts to support quality educational services to students with disabilities, including those with the most complex educational support needs, is a key component of our mission to promote and support opportunities for people with developmental disabilities to live, work, learn and fully participate in their communities.

We affirm our commitment to:

- Support school districts to honor their mandate to educate students with disabilities
- Continue to provide a safety net of services and supports for students with the most complex needs
- Ensure that students with disabilities are educated in the least restrictive environment according to legal requirements

We further resolve that Hamilton County Developmental Disabilities Services will:

- Continue to provide services at the two current school locations
- Maintain the current quality of school programs
- Manage local tax dollars responsibly by continuing to work toward ensuring that school operations are financially sustainable
- Maximize efficiency by ensuring the right staffing levels in the right positions
- Stabilize tuition charged to local school districts
- Build the capacity of local schools to support students with complex needs by offering services including transition, itinerant support, and satellite options

As it pursues these goals, the board and leadership staff will review school enrollment and operations monthly.

The board is committed to continuing to engage with our stakeholders on this important issue. Staff will implement communication and engagement plans to ensure that all stakeholders have access to relevant information about the schools and are able to provide feedback.

The vote resulted as follows:

Mr. Nestor Melynk	<u> y </u>	Dr. Andrew Magenheim	<u> y </u>
Mr. Ken Wilson	<u> y </u>	Ms. Rene Brinson	<u> y </u>
Dr. Tasha Faruqui	<u> y </u>	Mr. Steven Jones	<u> y </u>
Ms. Deana Taylor	<u> y </u>		

Certificate

I, Ken Wilson, Board Secretary, hereby certify the foregoing to be a true and correct copy of the resolution adopted by the Board.


Signature

3/13/18
Date

Resolution Number: 03-13-18 was duly adopted.

Date: March 13, 2018

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Appendix D - Administration of County Board Services

ACTION: Final

DATE: 06/11/2018 12:07 PM

5123-4-01 Administration and operation of county boards of developmental disabilities.

(A) Purpose

This rule establishes standards for the administration and operation of county boards of developmental disabilities that protect the rights of individuals and ensure the safe and equitable provision of services to eligible individuals and their families.

(B) Definitions

(1) "Adult services" has the same meaning as in section 5126.01 of the Revised Code.

(2) "County board" means a county board of developmental disabilities.

(3) "Department" means the Ohio department of developmental disabilities.

(4) "Developmental delay" means that a child has not reached developmental milestones expected for his or her chronological age as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.

(a) For children birth through age two, developmental delay shall be established in accordance with part C and rules promulgated by the department.

(b) For children age three through age five, developmental delay shall be established in accordance with rules promulgated by the Ohio department of education.

(5) "Developmental disability" means a severe, chronic disability that is characterized by all of the following:

(a) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of section 5122.01 of the Revised Code;

(b) It is manifested before age twenty-two;

(c) It is likely to continue indefinitely;

(d) It results in one of the following:

(i) In the case of a person birth through age two, at least one developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay;

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Appendix D - Administration of County Board Services (Continued)

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- (ii) In the case of a person age three through age five, at least two developmental delays; or
- (iii) In the case of a person age six or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for his or her age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is age sixteen or older, capacity for economic self-sufficiency; and
- (e) It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.
- (6) "Early intervention services" means developmental services selected in collaboration with the parents of a child birth through age two who is eligible for services under part C, and designed to meet the developmental needs of the child and the needs of the child's family to assist appropriately in the child's development as identified in the individualized family service plan.
- (7) "Early intervention system" means Ohio's statewide, coordinated, comprehensive, interagency system for which the department is the lead agency, that promotes transdisciplinary, family-centered services and supports to eligible children birth through age two and their families in accordance with part C.
- (8) "Family support services" means a family support services program described in and administered pursuant to section 5126.11 of the Revised Code.
- (9) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.
- (10) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- (11) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (12) "Individualized family service plan" means the written plan for providing early intervention services to an eligible child and the child's family.
- (13) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.

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(14) "Medicaid local administrative authority" has the same meaning as in section 5126.055 of the Revised Code.

(15) "Part C" means part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of this rule, and 34 C.F.R. part 303, as in effect on the effective date of this rule.

(16) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

(C) Strategic plan

(1) A county board shall develop and adopt by resolution a strategic plan that meets the requirements of sections 5126.04 and 5126.054 of the Revised Code, includes the county board's mission and vision, and addresses the county board's strategy for:

(a) Promoting self-advocacy by individuals served by the county board through the person-centered planning process, activities, and community connections;

(b) Ensuring that individuals receive services in the most integrated setting appropriate to their needs;

(c) Reducing the number of individuals in the county waiting for services;

(d) Increasing the number of individuals of working age engaged in community employment;

(e) Taking measures to recruit sufficient providers of services to meet the needs of individuals receiving services in the county; and

(f) Meeting with each newly certified independent provider within sixty calendar days of the provider being selected to provide services to an individual, for purposes of confirming the provider understands the individual service plan and the provider's responsibilities and ensuring the provider has contact information for the county board.

(2) The strategic plan shall be made readily available to individuals and families who receive services, employees of the county board, citizens of the county, and any other interested persons.

(3) A county board shall prepare a strategic plan progress report at least once per year. The strategic plan progress report shall be made readily available to individuals

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and families who receive services, employees of the county board, citizens of the county, and any other interested persons.

(4) A county board shall have a mechanism for accepting public feedback regarding the strategic plan and strategic plan progress reports.

(D) Eligibility determination for county board services

(1) Except as provided in paragraph (H) of this rule, a county board shall make eligibility determinations for county board services in accordance with the definition of "developmental disability" in paragraph (B)(5) of this rule.

(2) For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio eligibility determination instrument (available at <http://dodd.ohio.gov>) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein.

(3) For persons age six through age fifteen, a substantial functional limitation in a major life area is determined through completion of the children's Ohio eligibility determination instrument (available at <http://dodd.ohio.gov>) or an alternative instrument issued by the department for use in determining eligibility for county board services and application of criteria found therein. The children's Ohio eligibility determination instrument or an alternative instrument issued by the department for use in determining eligibility for county board services is used in the eligibility determination process for the county board for all services and supports other than special education services.

(4) The Ohio eligibility determination instrument, the children's Ohio eligibility determination instrument, and any alternative instrument issued by the department for use in determining eligibility for county board services shall be administered by persons employed by county boards or regional councils of governments formed under section 5126.13 of the Revised Code by two or more county boards and authorized to do so by the department.

(5) A county board may establish eligibility for county board services for any preschool child with a disability eligible for services under section 3323.02 of the Revised Code whose disability is not attributable solely to mental illness as defined in section 5122.01 of the Revised Code.

(6) A county board shall complete eligibility determination within forty-five calendar days of the request for services or after all necessary information has been received from the referring party or applicant except that:

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- (a) For children birth through age two, the eligibility report completed by or for the early intervention system shall be used for eligibility determination; and
- (b) For children age three through age five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.
- (7) A county board shall keep on file the documents used to determine eligibility for county board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.
- (8) When a person who has been determined eligible for county board services after July 1, 1991 moves or wants to move to another county in Ohio, that person shall be deemed eligible by the new county board. The new county board, however, may review the person's eligibility. During the review, the person continues to be eligible to receive services according to the new county board's strategic plan and priorities.
- (9) All persons who were eligible for county board services and receiving county board services pursuant to Chapter 5126, of the Revised Code on July 1, 1991, shall continue to be eligible for those services and to receive services as long as they are in need of services.
- (10) All persons who were eligible for case management services and receiving case management services pursuant to Chapter 5126, of the Revised Code on January 10, 1992, shall continue to be eligible for those services and to receive services as long as they are in need of services.
- (11) All persons determined ineligible for county board services shall be referred, with their consent, to other agencies or sources of services.
- (12) All persons determined ineligible for county board services shall be informed of the process for resolution of complaints and appeals of adverse action in accordance with rule 5123:2-1-12 of the Administrative Code.
- (E) Waiting lists for non-medicaid programs and services
- (1) If a county board determines that available resources are not sufficient to meet the needs of all individuals who request non-medicaid programs or services, the county board shall establish one or more waiting lists for such programs or services in accordance with the county board's strategic plan described in

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paragraph (C) of this rule except that a waiting list shall not be established for early intervention services to eligible children and their families.

(2) Due process in accordance with rule 5123:2-1-12 of the Administrative Code shall be available to an individual aggrieved by an action of a county board related to the establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list for non-medicaid programs and services established in accordance with paragraph (E)(1) of this rule. A county board may, if it has adopted a written policy describing an informal process for resolution of complaints and appeals of adverse action in accordance with rule 5123:2-1-12 of the Administrative Code, attempt to informally resolve the matter. An attempt to informally resolve the matter shall not affect the individual's right to due process.

(3) A county board shall, in the manner specified in rule 5123:2-1-12 of the Administrative Code, give notice to each individual on the waiting list for non-medicaid programs and services established in accordance with paragraph (E)(1) of this rule, the individual's guardian, and in accordance with section 5126.044 of the Revised Code, the individual's family, as applicable, of the individual's due process rights. The county board shall document that such notice was given and the content of the notice.

(4) Upon the department's request, a county board shall submit in a format specified by the department, documentation related to its waiting lists for non-medicaid programs and services established in accordance with paragraph (E)(1) of this rule, including but not limited to, information regarding individuals who requested services or were removed from a waiting list.

(F) Statutory authority

A county board shall carry out its duties and responsibilities in accordance with Chapter 5126, of the Revised Code. If a county board operates classrooms for children, the county board shall be licensed by the Ohio department of job and family services or the Ohio department of education, as applicable.

(G) Medicaid local administrative authority

(1) A county board with medicaid local administrative authority shall abide by all terms and conditions set forth in the federally-approved waiver documents including any appendices and attachments, sections 5126.055 and 5166.21 of the Revised Code, and administrative rules promulgated by the Ohio department of medicaid.

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(2) The department shall oversee medicaid local administrative authority activities to ensure compliance with applicable laws. If the department determines that a county board with medicaid local administrative authority is deficient in its administration of medicaid waiver services, the department may take appropriate actions authorized by applicable law including, but not limited to, division (G) of section 5126.055 of the Revised Code or section 5126.056 of the Revised Code.

(3) A county board that participates in the department's medicaid administrative claiming program shall comply with the department's policies and procedures governing medicaid administrative claiming and refund any payments that are disallowed by the department, the Ohio department of medicaid, or the centers for medicare and medicaid services. A county board may challenge a disallowance by the department in accordance with rule 5123:2-17-01 of the Administrative Code.

(4) When the department refers an individual for whom the department is paying the nonfederal share of medicaid expenditures for home and community-based services to a county board for enrollment in home and community-based services, the county board shall assist the department in expediting the enrollment.

(H) Service and support administration

A county board shall determine eligibility for service and support administration, provide service and support administration, and ensure individual service plans are developed in accordance with rule 5123:2-1-11 of the Administrative Code.

(I) Adult services provided to individuals who are not enrolled in home and community-based services waivers

(1) A county board providing adult services to individuals who are not enrolled in home and community-based services waivers shall adopt a written policy outlining provision of the services.

(2) Adult services to individuals who are not enrolled in home and community-based services waivers shall be provided pursuant to section 5126.01 of the Revised Code and rule 5123:2-2-05 of the Administrative Code.

(3) Planning for adult services to individuals who are not enrolled in home and community-based services waivers shall be conducted in accordance with the person-centered planning process described in rule 5123:2-1-11 or 5123:2-3-03 of the Administrative Code, as applicable.

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(4) Persons engaged in the direct provision of adult services to individuals who are not enrolled in home and community-based services waivers shall meet the training requirements for persons engaged in the direct provision of comparable home and community-based services as set forth in:

(a) Rule 5123:2-9-13 of the Administrative Code for career planning;

(b) Rule 5123:2-9-14 of the Administrative Code for vocational habilitation;

(c) Rule 5123:2-9-15 of the Administrative Code for individual employment support;

(d) Rule 5123:2-9-16 of the Administrative Code for group employment support; and

(e) Rule 5123:2-9-17 of the Administrative Code for adult day support.

(J) Early intervention services

(1) A county board providing early intervention services shall do so in accordance with part C and rules promulgated by the department.

(2) A county board providing early intervention services shall adopt a written policy describing the county board's role in the county's comprehensive system for early intervention services. The policy shall identify how the county board will provide early intervention services on a year-round basis to eligible children and their families as part of the early intervention system. The policy shall describe the source of funds available to administer early intervention services and the specific role the county board has agreed to fulfill as a partner in the local early intervention system, which may include:

(a) Public awareness/child find;

(b) Evaluation to determine eligibility;

(c) Child and family assessment;

(d) Service coordination;

(e) Early intervention services in everyday routines, activities, and places as developed through the individualized family service plan development process; and

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(f) Assurances for procedural safeguards required by part C and rules promulgated by the department.

(K) Family support services

(1) A county board may use funds allocated for the family support services program as match for medicaid home and community-based services waivers.

(2) When a county board directly awards funds allocated for the family support services program to individuals or family members of individuals, the county board shall adopt a written policy governing provision of family support services. The policy shall:

(a) Specify that individuals or family members of individuals may receive family support services funds;

(b) Define family members who are eligible to receive family support services funds;

(c) Describe goods and services that may be purchased with family support services funds;

(d) Address whether or not the county board will use an income-based fee schedule to determine eligibility for family support services funds, and if an income-based fee schedule is used, whether or not the county board will require applicants to submit documentation to verify their income;

(e) Set forth the process for individuals and family members to apply for family support services funds and for the county board to review and approve/disapprove applications; and

(f) Describe payment processes that meet requirements established by the county auditor.

(L) Employees

(1) A county board shall enroll each service and support administrator and each staff member who is engaged in a direct services position in the Ohio attorney general's retained applicant fingerprint database ("Rapback").

(2) A county board shall provide annual written notice to each staff member explaining the conduct for which the staff member may be placed on the abuser registry and setting forth the requirement for each staff member who is engaged in a direct services position to report in writing to the county board, if he or she

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is formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen calendar days after the date of such charge, conviction, or guilty plea.

(M) Volunteers

- (1) A county board may engage volunteers to provide supplementary services. A county board shall not submit claims for medicaid reimbursement for services provided by volunteers.
- (2) A county board shall ensure that volunteers are at all times under supervision of paid supervisory staff of the county board.
- (3) A county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year receive training in:
 - (a) The role and responsibilities of the county board with regard to services including person-centered planning, community participation and integration, self-determination, and self-advocacy;
 - (b) The rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code;
 - (c) The requirements of rule 5123:2-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department; and
 - (d) An overview of emergency procedures.
- (4) A county board shall ensure that volunteers who provide more than forty hours of service working directly with individuals served by the county board during a calendar year undergo background investigations.
 - (a) The background investigation for a volunteer shall include:
 - (i) Requiring the volunteer to submit a statement to the county board with the volunteer's signature attesting that he or she has not been convicted of or pleaded guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code.

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(ii) Requiring the volunteer to sign an agreement under which the volunteer agrees to notify the county board within fourteen calendar days if the volunteer is formally charged with, is convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code. The agreement shall provide that failure to make the notification may result in termination of the volunteer's services.

(iii) Establishing the volunteer is not included in any of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code.

(iv) Obtaining a criminal records check conducted by the Ohio bureau of criminal identification and investigation. If the volunteer does not present proof that he or she has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, the criminal records check shall include information from the federal bureau of investigation.

(b) A county board shall, at a frequency of no less than once every five years, conduct a background investigation in accordance with paragraph (M)(4)(a) of this rule for each volunteer.

(c) A county board shall not engage or continue to engage a volunteer who:

(i) Is included in one or more of the databases described in paragraph (C)(2) of rule 5123:2-2-02 of the Administrative Code; or

(ii) Has a conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code if the corresponding exclusionary period as specified in paragraph (E) of rule 5123:2-2-02 of the Administrative Code has not elapsed.

(N) Cost reports

A county board shall annually prepare and electronically file a cost report detailing its income and expenditures in accordance with section 5126.131 of the Revised Code and guidelines established by the department and shall:

(1) Reconcile its income and expenditures on a monthly basis in accordance with standards established by the county auditor;

(2) Retain the cost report and accurate records and documentation necessary to support the cost report for six years from the date of receipt of payment for

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the final settlement of the cost report or until an initiated audit is resolved, whichever is longer; and

(3) Ensure its business manager and other county board personnel who prepare cost reports or supporting documentation successfully complete:

(a) A department-provided orientation program in cost report preparation within ninety calendar days of employment or contract; and

(b) Department-provided annual training in cost report preparation thereafter.

(O) Records

(1) A county board shall maintain fiscal records that are in compliance with county and state auditor's requirements pursuant to section 149.38 of the Revised Code.

(2) A county board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of county board personnel records.

(3) A county board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of records of individuals served in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d, as in effect on the effective date of this rule and as applicable, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, as in effect on the effective date of this rule.

(4) Records of a county board shall be accessible to department personnel authorized by the director of the department.

(5) A county board shall submit information and reports as directed by the department.

(6) A county board shall ensure that information about individuals served, including the individual's living arrangements and address, guardianship status, and guardian's address and contact information, is updated in the department's information systems within fifteen calendar days of any change.

(P) Safety

(1) The design and maintenance of county board facilities and equipment shall be in conformance with all applicable laws, including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as in effect on the effective date of this rule.

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- (2) Each facility owned, leased, or operated by a county board shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.
- (3) If a county board provides a swimming program, regardless of location, a person who holds a current "American Red Cross" or equivalent lifeguarding certificate shall be present.
- (4) A county board shall develop written building emergency plans which include procedures for fire, tornado, bomb threat, power failure, natural disaster, medical emergency, and other emergencies. The building emergency plans shall be available to all county board personnel, volunteers, individuals served, parents, and guardians.

(Q) Health

- (1) When a county board is directly providing facility-based services, the county board shall adopt written policies and procedures that ensure the general health and well-being of all individuals served and address:
 - (a) Procedure to be followed when individuals are ill or injured, including provision of first aid and emergency treatment;
 - (b) Securing emergency squad or ambulance services or the services of the individual's personal physician;
 - (c) Providing first aid training, cardiopulmonary resuscitation training, and training in universal precautions for infection control including hand-washing and disposal of bodily waste to county board personnel engaged in direct services positions in accordance with rule 5123:2-2-01 of the Administrative Code;
 - (d) Providing suitable first-aid facilities, equipment, and supplies;
 - (e) Providing for the management of communicable diseases, handling of illness on-site, and return after an illness or other health condition; and
 - (f) Posting emergency numbers by each telephone.
- (2) The written policies and procedures described in paragraph (Q)(1) of this rule shall be communicated to all county board personnel, individuals served, parents, guardians, and providers of services, and shall be available upon request by any person.

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(3) A county board shall adopt a written policy consistent with applicable statutes concerning administration of medication by county board personnel.

(4) All medication administered by county board personnel shall be pharmacy-labeled to indicate owner, contents, required dosage, and schedule. Such medication shall be secured in a locked cabinet and removed by designated and qualified personnel.

(R) County board accreditation

(1) The department shall conduct an accreditation review of each county board at least once every three years to determine the county board's compliance with applicable statutes and rules. An accreditation review shall include a comprehensive on-site review conducted by representatives of the department at the county board's offices and facilities and may include off-site review of records, documents, or other materials.

(2) There are three possible outcomes of an accreditation review:

(a) The department shall issue accreditation for a term of three years to a county board that exceeds minimum compliance with applicable statutes and rules;

(b) The department shall issue accreditation for a term of one year to a county board that demonstrates minimum compliance with applicable statutes and rules; or

(c) The department shall hold accreditation in abeyance for a county board that is not in compliance with applicable statutes and rules. The department shall work with the county board to develop an acceptable plan of correction within ninety calendar days. If an acceptable plan of correction is not developed within ninety calendar days, the county board may be subject to receivership pursuant to section 5126.081 of the Revised Code. While a county board's accreditation is in abeyance, the county board shall not enroll individuals in home and community-based services waivers.

(3) The department shall notify a county board at least ninety calendar days prior to conducting an accreditation review.

(4) After conclusion of the comprehensive on-site review, the department shall conduct an exit conference with the superintendent of the county board and any other persons the county board invites. The purpose of the exit conference is to provide the county board with an oral summary of the county

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board's compliance status and present any findings of noncompliance. The exit conference may be held on-site at the conclusion of the on-site review but shall be conducted no more than five business days following the conclusion of the on-site review except by mutual agreement between the department and the superintendent of the county board.

- (5) The department shall issue a written accreditation review summary to the president of the county board or the president's designee and the superintendent of the county board within seven calendar days of conclusion of the on-site review. The accreditation review summary shall be objective in terms of observations and citations, relying upon documentation that clearly addresses the standards reviewed.
- (6) Within fourteen calendar days of receipt of a written accreditation review summary that includes one or more citations, the county board shall submit to the department, a written appeal or a written plan of correction for each citation. If the county board does not submit a written appeal within fourteen calendar days, the accreditation review summary shall be final and not subject to appeal by the county board.
- (a) The appeal for a citation shall include the county board's basis with supporting documentation for challenging the citation. The department shall allow or disallow the appeal within ten calendar days of receipt.
- (b) If the appeal is disallowed, the county board shall submit a written plan of correction for each citation to the department within fourteen calendar days. The written plan of correction shall include:
- (i) A description of corrective action, including systemic changes necessary to prevent recurrence;
- (ii) Implementation date of corrective action;
- (iii) Person responsible for implementing corrective action; and
- (iv) Supporting documentation which verifies implementation of corrective action.
- (c) The department shall approve or disapprove the plan of correction within twenty calendar days of receipt.
- (d) The department shall not issue accreditation until the county board's written plan of correction is approved.

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(7) The department shall recognize county boards that demonstrate excellence through achievement of outstanding results or development of successful approaches regarding employment, self-advocacy, substantial downsizing or conversion of an intermediate care facility for individuals with intellectual disabilities, person-centered planning, or serving individuals presenting complex challenges by posting information about the county board's innovative practices at the department's website.

(S) Compliance reviews

A county board that is certified by the department pursuant to section 5123.161 of the Revised Code to provide supported living or home and community-based services is subject to rule 5123:2-2-04 of the Administrative Code and may be eligible for an abbreviated compliance review in accordance with that rule.

(T) Providing applicable statutes and rules

A county board shall upon request, assist any interested party to locate and secure a copy of provisions of Chapter 5126, of the Revised Code and the administrative rules of the department. The county board shall ensure that employees of the county board and entities under contract with the county board receive information about revisions to the Revised Code and administrative rules of the department that are pertinent to their roles.

(U) Waiver of requirements in Chapter 5123-4 or 5123:2-1 of the Administrative Code

A county board may request or the department may initiate a waiver of requirements outlined in Chapter 5123-4 or 5123:2-1 of the Administrative Code that govern the administration and operation of county boards, so long as the requirements are not those of the Revised Code.

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Replaces: 5123:2-1-02
Effective: 9/1/2018
Five Year Review (FYR) Dates: 09/01/2023

CERTIFIED ELECTRONICALLY

Certification

06/11/2018

Date

Promulgated Under: 119.03
Statutory Authority: 5123.011, 5123.04, 5123.171, 5126.04, 5126.05,
5126.08, 5126.081, 5126.082, 5126.11
Rule Amplifies: 5123.011, 5123.04, 5123.171, 5123.19, 5126.01,
5126.04, 5126.041, 5126.046, 5126.05, 5126.054,
5126.055, 5126.08, 5126.081, 5126.082, 5126.11,
5126.131
Prior Effective Dates: 07/01/1976, 07/01/1982, 09/30/1983, 12/11/1983,
12/19/1983 (Emer.), 03/22/1984, 07/25/1985,
03/31/1988, 03/30/1990, 07/01/1991, 07/01/1991
(Emer.), 09/13/1991, 09/18/1992, 04/22/1993,
09/02/1993, 01/08/1994, 06/02/1995 (Emer.),
08/31/1995, 12/09/1995, 02/28/1996 (Emer.),
05/28/1996, 08/18/1996, 04/11/1997, 07/12/1997,
01/01/1998, 04/12/2001, 08/01/2001, 03/21/2002,
10/16/2003, 12/10/2004, 01/01/2015