**Opportunities to Improve Ohio’s DD System**

Access to quality services and supports is essential for Ohioans with developmental disabilities (DD) to live fulfilling lives. While Ohio has made strides in serving this population, significant challenges remain. This document outlines critical areas for improvement within our DD system, focusing on unfunded mandates that strain provider resources, administrative burdens and inefficiencies that hinder effective service delivery, and underfunded or underutilized services that limit individual potential. By addressing these issues, we can ensure that Ohio's DD system is not only fiscally responsible but also truly empowers individuals with DD to thrive in their communities.

**Unfunded Mandates**

Providers are responsible for numerous requirements that are not accounted for in reimbursement rates, adding significant administrative and financial strain. These unfunded mandates can be grouped into the following categories:

**1. Hiring, Training, and Compliance Costs**

* Pre-hire and hiring checks (background checks, fees, software, and equipment)
* Orientation training fees (CPR, First Aid, medication administration, nurse trainer costs)
* Ongoing training costs (staff time, trainer costs)
* OSHA-related infection control requirements (fit-testing, training, equipment, tracking, and reporting)
* Emergency preparedness requirements

**2. Healthcare Coordination and Oversight**

* Nursing oversight and healthcare coordination
* Hospital/SNF (Skilled Nursing Facility) continuity of care and transition coordination
* Quality assurance for medication oversight, including MAR documentation

**3. Regulatory and Administrative Burdens**

* OISP assessment, meetings, documentation, and software costs
* Major Unusual Incident (MUI) and Unusual Incident (UI) logs, tracking, investigations, reporting, and prevention plans
* Documentation, service observations, supervision, auditing, and reporting
* IT, computers, and software necessary to meet regulatory requirements

**4. Operational and Facility Costs**

* Vehicle modifications required for service provision
* Costs associated with individual destruction of staff or provider property
* Equipment ceilings

**5. Service Gaps and Uncompensated Responsibilities**

* Maintaining benefits for individuals, even when not actively serving (e.g., during hospital stays)
* Overtime costs for staff covering necessary services
* Funeral and end-of-life planning and related responsibilities

**The Impact**

These unfunded mandates increase provider costs without corresponding funding, adding strain to an already stretched system. Addressing these gaps through appropriate funding mechanisms would allow providers to focus on delivering high-quality services without unsustainable financial burdens.

**Administrative Burdens in Ohio’s DD System**

Beyond unfunded mandates, providers also face excessive **administrative burdens**—time-consuming and duplicative processes that do not improve quality of care but significantly drain provider resources. These burdens increase costs, divert staff from service delivery, and contribute to workforce shortages. Reducing unnecessary administrative complexity would allow providers to focus on what truly matters: delivering high-quality, person-centered services. They fall into the following categories:

#### **1. Billing and Documentation Inefficiencies**

* **15-minute unit billing** when a daily rate would reduce documentation requirements, streamline service delivery, and eliminate the need for cumbersome processes like EVV.
* **Eight Cost of Doing Business (CODB) categories** result in providers receiving different rates across counties despite paying staff the same wages. Consolidating these into three categories would simplify reimbursement and improve consistency.
* **Excessive provider documentation requirements** that do not improve service quality but require extensive administrative time, supervisor review, and approval.

**2. Oversight and Monitoring Inefficiencies**

* **Redundant compliance reviews of agency-wide policies** across multiple sites, wasting provider and DODD resources.
* **Requiring plans of correction (POCs) for already resolved issues**, forcing providers to complete unnecessary paperwork.
* **Subjective compliance interpretations** that go beyond written rules, requiring providers to appeal instead of resolving concerns on-site.
* **Lack of a risk-based review system**, leading to repeated citations for the same issues without addressing underlying systemic problems.

By streamlining documentation, reducing redundant oversight, and ensuring compliance efforts are meaningful, Ohio can cut unnecessary administrative costs and allow providers to focus on delivering high-quality, person-centered services.

**The Impact**

These administrative burdens divert time and resources away from service delivery, drive up costs, and create inefficiencies across the system. Reforming these processes would reduce provider burnout, increase efficiency, and allow more focus on high-quality care for individuals with disabilities.

**Underfunded and Underutilized Services**

These are services that exist within the system but are not fully utilized due to outdated or inadequate reimbursement rates, restrictive authorization practices by County Boards, or overly complex rules that make them prohibitive for providers to offer. This results in fewer service options for individuals, higher costs elsewhere in the system, and missed opportunities to align with policy goals like Employment First and community integration. When providers cannot afford to offer these services, individuals with disabilities are left without critical supports, forcing them into higher-cost or less effective alternatives.

* **Group Employment Supports** – Designed to help individuals with significant needs explore work opportunities, but outdated rates make it financially unviable for providers. Despite Ohio’s Employment First policy, more individuals are saying they don’t want to work, yet this service is not being properly funded to help them explore employment options.
* **Waiver Nursing** – Critical for individuals with complex medical needs, but outdated rates and burdensome requirements make it difficult to provide. This leads to service gaps and reliance on higher-cost settings.
* **Transportation Services** – Certain transportation options exist within waivers but are not widely available due to low reimbursement rates or rules that make them challenging for providers to offer. This limits access to employment, community activities, and essential services.
* **Assistive Technology & Remote Supports** – Can increase independence and reduce reliance on direct care staff, but funding mechanisms and administrative barriers limit their widespread implementation.

**The Impact**

The failure to properly fund and support these services creates inefficiencies and higher costs elsewhere in the system, limits personal choice, and reduces opportunities for individuals with disabilities to achieve independence and community inclusion. By addressing these gaps, Ohio can create a more sustainable and person-centered system that aligns with its policy priorities and better meets the needs of people with disabilities.