OHIO'S GREAT PROVIDER

Defining Quality in Ohio's Developmental Disabilities System
A Vision for Excellence, Accountability, and Sustainability

OPRA
Ohio Provider Resource Association

Introduction

Ohio's provider community has played a critical role in the evolution of the state's developmental disabilities (DD) system—growing from a handful of early service organizations into a diverse, mission-driven network that supports tens of thousands of Ohioans with intellectual and developmental disabilities each day. Over the decades, providers have led the shift from institutional settings to inclusive, community-based supports focused on independence, dignity, and quality of life[1]. This transformation was made possible by providers who listened to families, partnered with individuals with disabilities, and built supports that reflected real needs and aspirations.

Today, that same responsiveness is needed to lead the system forward. Rising complexity, workforce shortages, and changing public expectations demand a shared commitment to defining and advancing quality across the system.

Why quality—and why now? Because in a resource-constrained environment, delivering new or different services is not enough. **The future of Ohio's DD system depends on whether we can deliver the right services, in the right way, with the greatest impact**. **Quality is what ensures that services are not only available, but meaningful**. **It is what builds trust, drives outcomes, and sustains the system for the long term.**

The opportunity ahead is not about tweaking an existing model. It's about building—intentionally and collaboratively—the structures and expectations that will ensure every Ohioan with a developmental disability receives high-quality, person-centered support.

From Compliance to Quality: Rethinking What We Value

Historically, Ohio's system has equated quality with compliance. But compliance alone does not guarantee that people with disabilities are achieving their goals, participating fully in community life, or receiving consistent, person-centered support.

High-performing systems measure and pay for what matters. This means shifting from inputs (hours, units) to outcomes (independence, satisfaction, stability). Quality should reflect what people experience—not just what policies require.

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[1] See Appendix A for a brief history of DD service providers in Ohio.

Ohio can move forward by activating four key levers of a statewide quality framework:

1. Defining and measuring quality consistently across the system
2. Aligning funding with provider performance and person-centered outcomes
3. Focusing oversight and compliance where it is most needed
4. Creating the conditions for continuous improvement and innovation

Each of these shifts represents a fundamental change in how we approach system design, resource allocation, accountability, and partnership—and they must work together to produce a sustainable, high-performing system.

Why Modernizing Quality Matters for All Stakeholders

Quality improvement science teaches us that high-performing systems don't happen by accident—they are designed, measured, and continuously refined. When we apply these principles to Ohio's DD system, the benefits extend across every stakeholder group:

Stakeholder	How Modernized Quality Adds Value (Using QI Science Principles)
Individuals & Families	Quality improvement science emphasizes **co-production**—the idea that services must be shaped with, not for, those receiving them. When quality is measured by outcomes that matter to people (not just compliance), individuals experience greater dignity, satisfaction, and progress toward self-directed lives.
Providers	A modern framework reduces punitive oversight and instead promotes **continuous learning**. High-quality providers gain access to resources, recognition, and feedback loops that help them improve what matters most—supporting people. Tiered payment also allows for reinvestment in workforce development, innovation, and care coordination.
County Boards & SSAs	System quality is only as strong as its weakest link. By defining and measuring quality across **assessment, planning, and delivery**, Boards gain better tools to align services with real need, increase efficiency, and improve provider partnerships. It reinforces a **systems-thinking approach** where everyone plays a role in outcomes.
State Agencies (e.g., DODD)	Modern quality structures produce real-time, actionable data on what's working. This enables **data-driven governance**—where policies, rates, and oversight evolve based on evidence rather than anecdote or legacy

Stakeholder	How Modernized Quality Adds Value (Using QI Science Principles)
	rules. It also improves alignment with federal expectations (CMS, ACL) around quality, equity, and outcomes.
Taxpayers & Policymakers	Quality improvement science is about **value creation**—delivering better outcomes per dollar spent. A system built on quality, not volume, ensures that public funds are going toward services that demonstrably improve people's lives. It strengthens public trust and makes the case for continued investment in the system.

In short, modernizing quality is not just a provider reform—it's a system redesign. And it's one that uses the proven tools of improvement science to create a more effective, equitable, and sustainable future.

Defining & Measuring Quality

The Great Provider Framework

A statewide quality framework must be more than aspirational—it must be actionable. That means moving beyond vague or inconsistent definitions of "high quality" and clearly articulating what quality looks like in practice.

Drawing on input from stakeholders, quality science, and national best practices, OPRA has developed a practical framework to define and operationalize provider quality. This framework outlines the key characteristics of a "Great Provider" and identifies how these characteristics can be measured and supported.

It provides a shared foundation for how we define quality, guide improvement efforts, and align payment, oversight, and technical assistance across Ohio's developmental disabilities system.

Pillar	Why It Matters	Sample Metrics
Person-Centered, Outcome-Focused Services	Aligns support with individual goals and promotes autonomy.	Goal attainment, satisfaction surveys, ISP alignment, reduction in restrictive practices.
Invests in and Supports Qualified Staff	Skilled, stable DSPs drive consistency and safety.	DSP retention rates, training completion, competency assessments.

Pillar	Why It Matters	Sample Metrics
Strong Leadership and Partnerships	Good leadership fosters innovation, accountability, and trust.	Family and stakeholder engagement, leadership tenure, strategic partnerships.
Operational Excellence	Infrastructure and systems ensure reliability and compliance.	Audit outcomes, accreditation status, billing accuracy, incident trends.
Advocates and Innovates Continuously	Innovation drives progress and efficiency.	Participation in pilots, use of technology, implementation of new models.

This framework is not only a tool for recognizing high performance—it is a starting point for quality improvement. It gives providers a clear roadmap for excellence, and it gives state and local partners a way to focus support, align expectations, and drive investment toward what works. In doing so, it helps shift Ohio from a compliance-based model to one that values outcomes, fosters innovation, and elevates the provider network as a true partner in delivering high-quality, person-centered services.

The Critical Link: Assessment, Planning, and Provider Quality

A high-performing service system cannot measure or reward provider quality in isolation. Quality must be embedded throughout the service continuum—including in assessment and person-centered planning, which are the foundation for every support a person receives.

To modernize quality in Ohio's DD system, the state must ensure:

- High-quality assessment tools that capture individual strengths, preferences, risks, and goals.
- Robust person-centered planning processes, led by competent and supported SSAs, that generate clear, goal-oriented ISPs.
- Transparent, collaborative planning practices, where individuals, families, and providers co-develop support strategies and monitor progress.

This calls for a parallel investment in quality standards for **Targeted Case Management (TCM)**. Ohio must define and measure what "great planning" looks like—just as we are defining what a great provider looks like. Examples include:

TCM Quality Element	Why It Matters	Sample Metrics
Timely, comprehensive eligibility decisions and assessments	Establishes accurate baseline for services	Time to completion, documentation quality
Meaningful goal development	Drives individualized supports	Person-reported relevance of goals
Engagement of providers in ISP development	Aligns supports with real capacity and insight	Provider participation rates, ISP clarity
Use of data in planning decisions	Enables responsive and adaptive supports	Data-informed goal changes or service updates

Without attention to this upstream part of the service experience, efforts to tie payment or oversight to provider performance will be inherently flawed. Ohio must raise the bar across **all segments of the system**—assessment, planning, delivery, and evaluation—if we are to realize the full promise of person-centered, outcome-focused services.

From Quality Recognition to Quality Reinvestment: Policy Recommendations

For Ohio's DD system to meaningfully improve, quality must not only be defined—it must be recognized, rewarded, and reinvested in. Providers that consistently demonstrate excellence should experience tangible benefits, while those needing improvement should be supported—not penalized—on their path to progress.

The following strategies offer a blueprint for how Ohio can embed quality into its systems of funding, oversight, and collaboration.

Align Funding with Quality

A statewide quality framework must include a financing model that rewards providers for delivering exceptional care and supports those building capacity. Aligning payment with outcomes reinforces the behaviors and investments that improve individual experiences and system-wide results.

Key Strategies:

- Implement a **tiered reimbursement model** that rewards providers who meet or exceed defined quality benchmarks.

- Offer **performance-based incentive payments** for outcomes such as goal achievement, individual satisfaction, low staff turnover, or reduction in restrictive interventions.
- Explore **hybrid or outcome-based payment models** that combine base rates with bonus payments tied to quality metrics.
- Design **flexible funding mechanisms** that support innovation, including bundled or episodic payments where appropriate.

Focus Oversight and Compliance Where It's Most Needed

To promote a learning-focused system and reduce unnecessary burden, oversight must be risk-based and proportionate to performance. Providers who consistently demonstrate quality should benefit from trust, flexibility, and fewer administrative hurdles.

Key Strategies:

- Establish a **risk-based monitoring approach** that tailors oversight intensity to provider performance.
- Provide **streamlined or reduced compliance reviews** for providers with a strong history of quality and regulatory adherence.
- Focus **technical assistance and targeted support** on providers with clear areas for improvement or growth.
- Ensure that monitoring and review processes reinforce quality—not just compliance—by incorporating person-centered outcomes and feedback from individuals and families.

Create the Conditions for Continuous Improvement and Innovation

Defining and measuring quality is only the beginning. Ohio must also create the environment in which quality can thrive—through recognition, collaboration, and reinvestment in what works.

Key Strategies:

- Launch an annual **Governor's Award for Excellence in Developmental Disability Services** with categories such as:
    - Innovation in Residential Services
    - Workforce Development Excellence
    - Person-Centered Service Leadership

- o   Family Engagement and Inclusion
- Highlight exemplary providers through **public recognition**—in DODD newsletters, social media, events, and legislative briefings.
- Offer **competitive grants or pilot opportunities** to high-performing providers in targeted areas such as:
    - o   Employment supports
    - o   Crisis prevention and stabilization
    - o   Positive behavioral supports
    - o   Community inclusion
- Invite top-performing providers to participate in **statewide quality collaboratives** to mentor peers and share best practices.
- Reduce administrative barriers and **increase flexibility** for innovative providers by offering exemptions from certain reporting or procedural requirements when quality is consistently demonstrated.
- Encourage the use of **provider-developed self-assessment and quality monitoring tools** as a way to foster ownership, innovation, and continuous learning from within.[2]

Quality: The Key to Sustainability

As outlined throughout this document, Ohio's developmental disabilities system is facing growing pressure—from a strained workforce, increased service complexity, rising expectations, and limited resources. In this environment, sustainability cannot be achieved by doing more of the same, nor by simply expanding services. The only viable path forward is one built on quality.

Quality is what ensures that services are not only delivered, but delivered well. It is what builds trust with families, delivers better outcomes for individuals, and creates operational stability for providers. By defining quality clearly, aligning payment with performance, right-sizing oversight, and reinvesting in what works, Ohio can build a system that is not just surviving—but thriving.

To carry this vision forward, Ohio's providers must be equipped to adapt, evolve, and lead in six strategic areas:

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[2] See Appendix B for examples.

1. Strengthen the Direct Support Workforce

- Invest in recruitment and retention through competitive wages, career advancement pathways, mentorship, and recognition.
- Develop alternative staffing models using remote support, job-sharing, and tiered roles based on complexity.
- Make long-term DSP wage stabilization a consistent policy priority.

2. Embrace Innovation and Technology

- Expand tech-based supports including remote monitoring, telehealth, and smart home integration to enhance services and reduce workforce strain.
- Streamline operations through automation, data systems, and mobile tools that reduce administrative burden.

3. Focus on Quality and Outcomes

- Implement person-centered quality metrics tied to satisfaction, outcomes, and impact.
- Build a culture of excellence through staff development, coaching, and leadership training.
- Use real-time data to guide continuous improvement and adapt to changing needs.

4. Strengthen Strategic Partnerships

- Co-design services with individuals and families to ensure relevance and person-driven outcomes.
- Foster collaboration with County Boards, DODD, and other system partners to align priorities.
- Build broader coalitions with advocates, legislators, and healthcare systems to drive reform and funding solutions.

5. Diversify Services and Funding

- Expand into flexible, emerging service models such as housing, employment supports, and shared living.
- Seek grants, partnerships, and funding diversification beyond Medicaid to stabilize revenue streams.

- Prepare for change by staying agile and ready for managed care, new waivers, or alternative payment structures.

6. Lead System Reform

- Don't wait for change—lead it. Providers must bring forward solutions rooted in lived experience.
- Champion reforms that value quality, respect choice, and support provider viability.
- Advocate for policies that reduce fragmentation, increase efficiency, and sustain outcomes.

Making It Real: Strategic Considerations for Implementation

To translate this vision into practice, Ohio should take thoughtful, incremental steps that allow for learning, adaptation, and broad stakeholder engagement. The following considerations can guide the state's efforts to build a sustainable, high-quality system:

- **Start with pilots or regional demonstrations**
  Test new payment models, quality benchmarks, or oversight structures in focused areas—such as employment supports or residential services.
- **Ensure stakeholder engagement**
  Involve people with disabilities, families, and providers from the beginning to co-design strategies and validate success measures.
- **Build strong data infrastructure**
  Invest in the systems needed to track outcomes, monitor performance, and support transparent, data-informed decisions.
- **Develop risk adjustment strategies**
  Ensure quality-based models account for individual complexity so providers aren't penalized for serving people with higher needs.

Conclusion: Leading the System Ohioans Deserve

Ohio's developmental disabilities system has never stood still. For decades, providers have evolved to meet the moment—building community-based services, responding to individual needs, and adapting to every policy and funding shift that came their way. Now, the moment demands something more.

In a time of increasing complexity and limited resources, quality is not a luxury—it is the only sustainable path forward. Defining it, supporting it, paying for it, and trusting those who deliver it must become the focus of Ohio's next chapter.

This document outlines the blueprint. But real change happens not in white papers, but in board rooms, budget cycles, living rooms, and frontline teams. It happens when state leaders take action, when providers lean into innovation, and when people with disabilities and their families are centered in every decision.

By building a shared quality framework—and making that framework the driver of how we fund, monitor, and support services—Ohio can lead the nation in delivering high-quality, person-centered, and sustainable developmental disability supports.

The opportunity is clear. The urgency is real. Let's move forward—together.

Appendix A

A Brief History of Developmental Disability Service Providers in Ohio

Early Care and Institutionalization (Pre-1960s)

Before the 1960s, most individuals with developmental disabilities in Ohio were served in large state-run institutions. Families often had few options outside of institutional care, and community-based services were virtually nonexistent.

The Shift to Community-Based Services (1967–1980s)

- In 1967, Ohio passed legislation that created County Boards of Developmental Disabilities, originally known as County Boards of Mental Retardation and Developmental Disabilities (MR/DD). These boards became the primary planners and funders of local services.

- In the 1970s–1980s, federal laws (such as the Education for All Handicapped Children Act and the development of Medicaid-funded Home and Community-Based Services (HCBS) waivers) promoted deinstitutionalization and increased access to community-based supports.

- During this time, nonprofit and faith-based organizations began to emerge as private providers, offering residential, day program, and vocational services in local communities.

Expansion and Professionalization (1990s–2000s)

- As institutional placements declined, the demand for community services grew. Providers expanded services like Supported Living, Adult Day Services, Supported Employment, and Intermediate Care Facilities (ICFs).

- In the 1990s, the Individual Options (IO) Waiver was introduced, enabling more person-centered and flexible services.

- Providers became more regulated, professionalized, and often Medicaid-certified, navigating increasing federal and state compliance requirements.

Privatization and System Redesign (2010s)

- In the 2010s, Ohio moved to separate service delivery from case management. County Boards were phased out of direct service provision in most counties, and private providers (nonprofit and for-profit) became the dominant service deliverers.

- The DODD Modernization Plan included new payment models, Electronic Visit Verification (EVV), and increased focus on outcomes and person-centered planning.

- Providers faced workforce shortages, increased expectations for community integration, and more robust quality assurance systems.

Current Landscape (2020s–Present)

- Today, Ohio's provider network includes hundreds of private agencies and thousands of independent providers, offering services through ICFs, Medicaid waivers, and other funding streams.

- Providers are navigating challenges like the DSP workforce crisis, increased use of technology and remote supports, and system-wide discussions about sustainability, quality, and reform.

- Many providers are collaborating more closely with County Boards, families, and the Ohio Department of Developmental Disabilities (DODD) to adapt to changing expectations and promote person-centered, inclusive service models.

Appendix B

Residential Services Quality Self-Assessment Tool

Organization Name: _____

Date of Review: _____

Completed By: _____

1. Staff Stability and Competency

Indicator	Yes	No	In Progress	Notes/Action Steps
Staff turnover rate is tracked regularly	☐	☐	☐	
Turnover is below 35% annually	☐	☐	☐	
All DSPs complete required training within first 60 days	☐	☐	☐	
Ongoing training includes person-specific needs and behavioral support	☐	☐	☐	
Staff competency is evaluated at least annually	☐	☐	☐	

2. Individual Satisfaction and Quality of Life

Indicator	Yes	No	In Progress	Notes/Action Steps
Satisfaction surveys/interviews are conducted at least annually	☐	☐	☐	
Results are analyzed and used to make changes	☐	☐	☐	
Individuals have choice in daily activities and routines	☐	☐	☐	
Individuals report feeling safe and respected by staff	☐	☐	☐	

3. Health and Safety Outcomes

Indicator	Yes	No	In Progress	Notes/Action Steps
Critical incidents are reported and reviewed timely	☐	☐	☐	
MUI trends are analyzed to improve care	☐	☐	☐	
Medication errors are tracked and addressed through retraining or process changes	☐	☐	☐	
Preventive health services (e.g. flu shots, wellness checks) are up to date	☐	☐	☐	

4. Community Integration and Meaningful Activities

Indicator	Yes	No	In Progress	Notes/Action Steps
Individuals are engaged in community-based activities at least weekly	☐	☐	☐	
Staff assist individuals in exploring new interests	☐	☐	☐	
Individuals have access to employment or volunteer opportunities if desired	☐	☐	☐	
Barriers to community access (e.g. transportation, staffing) are identified and addressed	☐	☐	☐	

5. Regulatory Compliance and Accreditation

Indicator	Yes	No	In Progress	Notes/Action Steps
Most recent DODD review resulted in full compliance	☐	☐	☐	
Organization maintains current provider certification/license	☐	☐	☐	
All MUIs are investigated and closed on time	☐	☐	☐	

Indicator	Yes	No	In Progress	Notes/Action Steps
Accreditation from CARF, CQL or another recognized body (if applicable)	☐	☐	☐	

Overall Performance Summary:

- Strengths:

_____

_____

- Improvement Priorities:

_____

_____

- Next Steps / Follow-Up Actions:

_____

_____

_____

ICF Quality and Compliance

90 Days Until Your ICF/IID Survey Review: What to Do Now

Preparing early sets the tone for a smooth, successful review. Here's your step-by-step guide to being ready when surveyors arrive.

1. Review Key Compliance Areas

- Staff Training Records: Ensure all required DSP training (initial & ongoing) is complete and documented.

- Background Checks: Confirm all staff files include BCI/FBI checks, registry checks, and TB screenings (if required).

- Employee Rosters: Match schedules to active employee rosters and ensure CPR/First Aid, med certs, etc., are up-to-date.

2. Conduct Internal Audits

- Medication Administration: Review MARs for errors, omissions, and late entries.

- Health & Safety Logs: Ensure fire drills, evacuation plans, and monthly safety checks are documented.

- Incident Reporting: Ensure all Unusual Incidents (UI) and Major Unusual Incidents (MUI) are properly reported and followed up.

3. Check Individual Records

- Current ISPs: Confirm service plans are updated and reflect accurate supports.

- Assessments & Consents: Verify that annual assessments, consents for treatment, and guardianship documents are current.

- Behavior Support Plans: Ensure restrictive measures are approved, monitored, and properly implemented/documented.

4. Physical Environment

- Clean & Maintained: Walkthrough every location with a critical eye—check cleanliness, safety hazards, maintenance needs.

- Supplies: Verify availability of personal protective equipment, hygiene products, and first aid kits.

- Emergency Plans: Clearly posted evacuation routes, contact numbers, and accessible emergency binders.

5. Engage Your Team

- Mock Surveys: Conduct unannounced walkthroughs to simulate a real review.

- DSP Preparation: Coach staff on how to speak confidently about their roles, the people they support, and documentation.

- Celebrate Readiness: Recognize areas of excellence and keep morale high leading into survey time.

Treat prep like a team effort. Everyone plays a role in quality and compliance—engage DSPs, nurses, QIDPs, and leadership now to avoid last-minute stress.