

SE Ohio DD Shared Support Framework

Draft framework document for internal development between DODD and county boards (June 3, 2026)

This document reflects an active partnership between DODD and a group of Southeast Ohio county boards developing a regional Council of Governments model tailored to their specific operational, fiscal, and workforce realities. The SE Ohio counties are at the table as design partners, shaping the framework around the workforce, families, and communities they know best.

Counties participating in the development of this framework and partnership: Adams, Brown, Fayette, Gallia, Highland, Jackson, Lawrence, Meigs, Pike, and Scioto.

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The Problem We Are Solving

Ohio's county board model was built in 1967 to answer a clear question: who pays for services for people with developmental disabilities when no other system will? The answer was local communities because there was no other support option and because families and involved community members had the strongest motivation to ensure services exist.

That answer made sense in 1967. It is under significant strain in 2026.

Medicaid now funds the majority of Ohio's DD system. That funding comes with extensive federal requirements. The administrative obligations of waiver management including eligibility determinations, prior authorization, service plan compliance review, provider development and monitoring, billing integrity, and quality assurance exceed what smaller county boards were ever designed to manage. Meanwhile, the financial risk of Medicaid cost and enrollment growth falls on county levies that were never designed to be the primary mechanism for funding a large federal entitlement program.

The result is a system caught between two incompatible realities:

1. Boards are accountable to local voters through their levy which demands local flexibility and local control.
2. Boards are administrative agents of a federally funded program which demands statewide standardization and state accountability.

These two realities are not reconcilable at the current scale of Medicaid dependency. The boards that are struggling are not doing so because of poor management or a weak mission. They are struggling because they are being asked to do two incompatible things simultaneously.

The Foundational Principle of the Proposed Framework

Owner of administrative rules = owner of financial risk. Because administrative authority and financial risk are split between different entities, no one in Ohio's current system has both the control and the incentive needed to manage services effectively. This misalignment slows or constrains service authorization, creates inconsistent access across counties, and ultimately prevents people with developmental disabilities from receiving timely, equitable services. Until administrative authority and financial risk are aligned, the system cannot reliably meet the primary customer's needs.

This proposal is not about eliminating county boards. It is about evolving them on terms that preserve what they do best. This work is meant to be proactive to address issues collaboratively, not be reactionary or forced to change after fiscal collapse, compliance failures, or outside mandate.

This framework is voluntary for participating counties. It does not represent a mandate for other county boards. It does not alter the governance or funding of non-participating boards. It is designed for counties that have determined their current structure is unsustainable and that a regional model better serves their families and local community.

Section 1: Guiding Principles

Every element of this framework must be rooted in the needs and experience of people with developmental disabilities and their families. They expect equitable access to statewide Medicaid services which are driven by assessed need. They both benefit from the presence of their local county board, but also are the ones harmed by access and quality issues when boards and the system cannot provide what is needed.

The Goal — Stated in Customer Terms

Every person with a developmental disability receives timely access to services that:

- Meet their assessed need;
- Are delivered by an SSA who knows them and their community;
- Do not depend on which county they live in;
- Are available regardless of whether a levy is passed.

Principle 1: Incentive Alignment — Financial Responsibility Follows Administrative Authority

A core dysfunction in Ohio's current DD system is a misalignment between who makes decisions and who bears the financial consequences of those decisions. With a focus on people with developmental disabilities and their families, this misalignment drives every problem the framework is designed to address.

Entity	Current Reality	What This Produces
County Boards	Hold administrative authority over Medicaid functions — eligibility, ISP authorization, service levels	Access based on capacity to pay; hesitation to expand or authorize services fully
County Boards	Bear financial risk of growth — levy revenue must cover Medicaid match as costs and enrollment grows	Reduce local programs important to community; uneven access across counties
State (DODD)	Holds statutory authority and federal accountability for statewide compliance	Responsible for state-wideness risk without sufficient administrative authority to enforce consistency
People with Developmental Disabilities and Families	Receive services that vary by county wealth and levy capacity, not by assessed need	Inequitable access in a nominally statewide system
Voter	Given the option to approve/disapprove levies that fund essential services that are mandated and must be statewide	Risk of failed levies and reality of counties with insufficient funding to cover mandated services that must be offered statewide

Principle 2: Relief Requires Structural Change — Then What?

A recurring theme in discussions about Ohio's DD system is the proposal to provide financial relief to struggling boards without requiring structural change. This principle addresses why that approach fails and what genuine relief requires. Two relief mechanisms are frequently proposed:

Financial Caps / Stop-Loss Arrangements

Capping county financial exposure while leaving administrative authority unchanged separates decisions from consequences. It does nothing for counties that cannot fund baseline services, leaves growth in costs uncontrolled, and keeps the same perverse incentives in place. Without structural change, these provide short-term relief while preserving long-term dysfunction.

Levy Floors and Ceilings / Greater State Support

Limits on levy amounts used as match attempt to fix a system design issue with a funding rule. They lock in current inequity, create 'why raise more' or 'let's raise less' effects, and leave the core misalignment of financial risk and administrative authority intact. Counties that feel short-term relief have reduced pressure to adopt structural changes that would address the problem.

The Honest Assessment of Relief Without Reform

Without structured changes, financial relief does provide short-term stability for the status quo. It does nothing to address counties that cannot fund baseline services, does not resolve how additional money will be secured over time, continues misaligned financial and authority incentives, and ultimately leads to the same endpoint — the need to evolve the system and align administrative responsibility with financial risk. These ideas may make sense as a short-term bridge while structural reform is rolled out. They are not a substitute for reform.

To achieve genuine relief that changes the trajectory and is sustainable requires simultaneously:

- Transferring the financial risk that counties cannot manage to the entity with authority to manage it — the state
- Transferring the administrative authority that requires state-level standardization to an entity accountable to the state — the COG
- Preserving and clarifying the local functions that genuinely require local knowledge and accountability — relationship, planning, and community connection

Structure Without Funding	Funding Without Structure
<ul style="list-style-type: none"> • COG authorizes consistently • Administrative compliance improves • Statewide administrative compliance improves on paper • BUT families in levy-poor counties still cannot access services — the county cannot fund its match • The customer's fundamental need is unchanged • We built a better-organized version of an inequitable system 	<ul style="list-style-type: none"> • State caps, backstops, or elevates county match obligations • County boards have momentary financial relief but no administrative relief • Statewide administrative compliance is unchanged • We spent limited state dollars to maintain the current funding system without improving the fragmentation or consistency of the customer experience

Section 2: The Framework

The Core Innovation: Three-Function Separation

The framework separates three functions currently bundled in county boards into distinct entities with distinct accountabilities:

Function	Who Owns It	Why
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Program Design Function (Policy, Oversight, & Standards)	ODM/DODD — Always Non-delegable	CMS requires Single State Agency accountability. Rates, eligibility criteria, service definitions, and waiver terms are set by DODD uniformly statewide.
Administrative Function (Compliance & Operations)	COG/Regional Entity Accountable to DODD	Assessments, HCBS service authorization, prior authorization, ISP compliance review, provider monitoring, billing, accreditation, case note oversight, and quality monitoring require standardized infrastructure that small counties cannot sustain individually.
Person-Centered Functions (Relationships & Planning)	County Board SSA Workforce	Person-centered planning, ISP development, family relationships, local navigation, community connection, advocacy, and crisis response require local knowledge and local accountability that no regional entity can replicate.

The new model realigns the administrative and financial relationships:

Entity	Updated Role	Financial Consequence
State (DODD)	How much and who gets served — waiver slots, eligibility standards, rates	Owns financial risk of Medicaid costs and growth above any defined baselines
COG/Region	How services are delivered efficiently and uniformly — Medicaid administrative functions	Accountable for administrative performance; held to performance contract with state
County Board	What does the person need and how can we support them — relationship, planning, local services	Funds local service array; retains levy authority; remains the local face of the system

The New Model — Stated in Customer Terms

<p>What the State Achieves for the Customer</p> <p>Equitable access to Medicaid-funded services based on assessed need and wait time not county finances or administrative capacity. State assumes match risk so authorization is driven by need, not by what the county can afford. Regional waiting list management. Slot allocation based on need statewide.</p>	<p>What the COG Achieves for the Customer</p> <p>Consistent, compliant authorization free from local fiscal pressure. ISPs reviewed against objective standards by an entity that bears no financial responsibility. Administrative infrastructure that small counties could not sustain alone. Equitable service authorization across the region.</p>	<p>What the County Board Achieves for the Customer</p> <p>A SSA who knows the person served, their family, their community, their providers. Person-centered planning that advocates for the individual's genuine needs. Local presence in intake, crisis response, and community navigation. Local services funded by the levy that are responsive to their local community.</p>
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Section 3: What This Means for People Receiving Services and Families

The goal of this framework is to make services better for the people who use them. Structural change that does not improve the experience for individuals and families is not worth doing. The framework is built so that the things families count on stay in place, and the things that have been frustrating get addressed.

What Stays the Same

- You still have an SSA at your local board who is your primary care coordinator and support.
- Your county board remains your local presence for intake, crisis response, community connection, and local advocacy.
- Your services continue without interruption. The plan you have today is carried forward.
- Your providers, your provider list, and where you receive services do not change.
- The local programs your county board funds through the levy continue as local decisions.

What Gets Better

- Your SSA has more time for you. Technical and administrative work moves to specialists at the regional entity so your SSA can focus on planning, relationships, and follow-through.
- Your Medicaid waiver services do not depend on whether the next levy passes. The state assumes match responsibility above defined baselines, removing the financial pressure that has historically forced service rationing in tight budget years.
- Access becomes more consistent. Administrative or financial constraints that can lead to long waiting times or long wait for authorizations
- The waiver process becomes faster and more predictable. Assessments and authorizations are handled by people who specialize in them.
- Crisis response is stronger. Local SSAs have the backing of a specialized regional team for technical complications that arise during a crisis, so the local response can focus on the person.

For most families, the framework should feel like nothing has changed. You call the same number, meet with a dedicated SSA, and your services run as they always have. The difference is upstream. For families who have struggled with access, the framework should feel meaningfully different: access to Medicaid waiver services based on need, not levy success or failure.

Section 4: The Service and Support Administrator (SSA)

The SSA role is (and will continue to remain) critical to service coordination and communication in Ohio's DD system. The SSA assesses needs, facilitates service authorization, ensures the plan reflects the person, family or guardian's meaningful input, and monitors the plan for desired outcomes. The SSA connects the person and their family to community partners, service providers, and others who will support their goals.

Currently, SSAs are being asked to do too much. The role has expanded far beyond what it was designed for by absorbing technical and administrative duties required by Medicaid on top of the planning and relationship work that is the actual purpose of the job.

Additionally, SSAs in smaller counties are responsible for the full range of administrative, technical, and relational work because they lack scale to specialize roles. In larger counties, that same work is often spread across staff, allowing SSAs to be more specialized.

What SSAs Have Told Us	What the Model Responds With
<ul style="list-style-type: none"> • Too much time doing paperwork and “four jobs in one” • Not enough time with people • Want consistency and clear processes • Want fewer duplicative assessments • Want better tools and support • Feel overwhelmed by technical Medicaid tasks 	<ul style="list-style-type: none"> • Less paperwork • Fewer assessments • No more carrying the burden of technical rules interpretation • More time for real planning and follow-up • Stronger support from a specialized regional team • The ability to focus on what most SSAs entered the field to do: support people, build relationships, and coordinate good lives in communities.

People with disabilities and their families experience better outcomes when their SSA has the time, tools, and support to focus directly on them. The purpose of this framework is to reduce the administrative burden on SSAs, improve consistency, and allow SSAs to spend more of their time on relationship-building, planning, and follow-through. These are the parts of the job that most influence a person’s experience.

Local — County Board SSA
<ul style="list-style-type: none"> • Intake and relationship building • Understanding what is important to and for the person • Person-centered discovery and life planning • ISP facilitation and goal setting • Advocacy for the individual’s genuine needs • Crisis support and monitoring • Ongoing monitoring and quality follow-up • Community navigation and local connection • Provider selection support to individual/family • Being the person’s consistent local presence

Regional — COG Administrative Entity
<ul style="list-style-type: none"> • Eligibility verification and LOC determinations • AAI, DDP, InterRAI, and waiting list assessments • Prior authorizations and utilization management • Individual budget modeling and Medicaid claiming • Technical ISP components and compliance review • PASRR • Documentation, data entry, and uploads • Provider support and monitoring

The framework is not about reducing the number of SSAs or eliminating service planning functions from the SSA role. Every task that an SSA is required to do today still exists in the new model. What changes is how those tasks are distributed so individuals and families receive a more timely, consistent, and person-centered experience.

What This Framework Is Not

Because change of this scale tends to generate fear, the framework is explicit about what it is not.

1. **This is not a state takeover.** The State retains the program design and accountability role it already has under federal law. County boards retain their statutory existence, their elected board governance, their levy authority, and their local presence. The COG is a product of the participating counties operating under a performance contract with the state, not a state agency absorbing county functions.
2. **This is not elimination of county boards.** Every county board that participates continues to exist, continues to be governed by its local board, continues to hold its levy authority, and continues to serve as the local face of the system. The framework changes what the board is responsible for, not whether the board exists.
3. **This is not a mandate.** The framework is voluntary for participating counties. It does not alter the governance, funding, or operations of non-participating boards. Counties that are not part of the SE Ohio collaborative are not being asked to participate and are not being affected by it.
4. **This is not elimination of local levies.** The county board levy remains under local board authority. The levy continues to fund local presence, the SSA workforce, and the local programs and supports that communities have built. The framework does not redirect levy revenue to a regional or state entity.
5. **This is not consolidation that moves services to another county.** Services continue to be coordinated locally. Where individuals receive services and who provides them does not change. The framework changes administrative and technical work behind the scenes, not the local delivery of services.
6. **This is not the replacement of SSAs.** The SSA role remains a local county board role. SSAs continue to serve the people and communities they serve today, with more time for the relational and planning work that brought them into the field.
7. **This is not a workforce reduction strategy.** No work is going away. Every task county board staff perform today still exists in the new model. The workforce is preserved. Structure is what changes.
8. **This is not a rural carve-out being designed to spread.** The framework is built for counties that have determined their current structure is unsustainable and that a regional model better serves their families and communities. It is not a model being prepared for involuntary statewide rollout. Other counties may choose to adopt similar approaches in the future, but participation is and remains a local decision.
9. **This is not relief without reform.** Financial caps, levy floors, or stop-loss arrangements without structural change preserve the misalignment that creates the dysfunction in the first place. The framework is built so that authority and financial risk align, which produces reliable relief rather than temporary stabilization.
10. **This is not a transition that disrupts families.** Administrative changes happen behind the scenes. Individuals and families do not have to learn a new system, change their providers, change where they receive services, or navigate a new front door. The local relationships that make services work stay in place.
11. **This is not happening to county boards.** SE Ohio county boards are choosing to participate in this framework because their leaders have determined it serves their communities better than the status quo. The framework is being designed by the people who operate the system, with families and self-advocates at the table from the beginning.

Closing: The Choice in Front of Us

The county board model is not at risk from this framework. The model is already on edge from current fiscal and compliance pressures. These pressures are already pushing boards in SE Ohio to the point of collapse and are quietly straining boards across the state.

The choice we face is not between the current model and this reform. The current model is already changing in real time through levy failures and accreditation struggles. The choice is between us shaping change in a measured way with people with developmental disabilities and their families at the center or having it shaped by others with possibly different motivations.

This framework frees local boards to prioritize what their local community desires and be full advocates for every person they serve by removing the financial conflict. It protects families by ensuring statewide equity of access and removes the financial conflict from the planning process. It protects the federal funds that the whole system depends on by giving DODD the administrative authority it needs to assure equitable access and performance. And it does all of this on a timeline we control while there is still time to design the solution rather than receive it.

This document is a working draft. It reflects the thinking developed collaboratively between DODD and SE Ohio county boards. It will be refined through the working sessions that follow. Every significant design decision will be made with county board superintendents, business managers, and SSA directors at the table because these are the people who run these systems.