

1. Agency Developmental Disability Services Quarterly Workforce Survey

The following survey is a collaborative effort of the Ohio Provider Resource Association, Ohio Association of County Boards of Developmental Disabilities, Ohio Health Care Association, The Arc of Ohio, Values and Faith Alliance, and Ohio Waiver Network.

Survey Purpose: The purpose of this survey is to collect information from agency providers in Ohio's DD system to assess the short and medium-term impact of Ohio's 24/25 biennial budget. The information gathered during 2024 and 2025 will be combined with DODD's wage verification survey and other claims-based data to help the listed associations understand funding and service delivery gaps and inform future budget advocacy efforts.

Information gathered in this survey will be aggregated and shared with our partners in the DeWine administration and the Ohio General Assembly. Individual responses will not be distributed or otherwise publicized.

Intended Participants: Agency providers of services in Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF-IID) and Ohio Department of Developmental Disabilities (DODD) administered Medicaid waivers (Level 1, Individual Options (IO), and Self-Empowered Life Funding (SELF) waiver). Only one agency representative should complete the survey each quarter.

Survey Design: After initial introductory questions, the survey is designed to focus on the types of services your agency offers. The survey includes questions based on your agency as a whole and questions based on specific service lines. When the question is based on the service line, please answer each question on the service line to the best of your ability.

Survey Frequency: The survey will be distributed once per quarter at least until quarter 3 of 2025. We encourage all participating agency providers to complete the survey each quarter.

Questions about the survey itself can be emailed to either Scott Marks (smarks@opra.org) or Christine Touvelle (ctouvelle@opra.org).

Additional Association Contacts:

The Arc of Ohio- David Lewis- David.Lewis@thearcofohio.org

Ohio Association of County Boards of DD: Adam Herman- AHerman@oacbdd.org

Ohio Health Care Association: Debbie Jenkins- DJenkins@ohca.org

Values and Faith Alliance: Jason Abodeely- JAbodeely@sunshine.org

2.

* 1. What is the name of your agency/organization?

This information will only be used to help ensure non-duplication of agency responses and will not be shared in any reports.

2. What is your name? This information is only being collected should survey follow-up be necessary.

First name

Last name

3. On October 1st, 2023, approximately how many people did you serve across your developmental disability-specific programs?

3.

4. From the period of October 1, 2023-December 31, 2023, were you able to take on new referrals?

- ☐ Yes
- ☐ No

5. From the period of October 1, 2023-December 31, 2023, please select all of the statements that apply to your ability to take on new referrals in each service line. If your agency does not provide a given service, please select "Not Offered."

	New Admissions with Complex Care	New Admissions with Complex Medical Care	New Admissions with Complex Behavior Support
ICF	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Waiver Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Day Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

6. From the period of October 1, 2023-December 31, 2023, did you serve notice/discharge people you serve primarily as a result of staffing shortages?

☐ Yes

☐ No

7. From the period of October 1, 2023-December 31, 2023, did you serve notice/discharge people you serve primarily as a result of staffing shortages? If your agency does not provide a given service, please select with "Not Offered."

	Individuals with Complex Care	Individuals with Complex Medical Care	Individuals with Complex Behavior Support
ICF			
Residential Waiver Services			
Adult Day Services			
Employment Services			
Transportation			

Other (please specify)

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8. From the period of October 1, 2023-December 31, 2023, about how many people did you serve notice to or discharge as a result of staffing shortage? If your agency does not provide a given service, please select "Service Not Offered."

[illegible]

5.

9. From the period of October 1, 2023-December 31, 2023, please select the statement that best matches your staffing capacity in each service. If your agency does not provide a given service, please select "Service Not Offered."

	Service Not Offered	Staffing capacity has greatly decreased	Staffing capacity has slightly decreased	Staffing capacity has stayed the same	Staffing capacity slightly increased	Staffing capacity greatly increased
ICF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Waiver Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

6.

10. From October 1, 2023 to December 31, 2023, how do you feel your agency's overall ability to provide **quality** in all of your agency's DD services was impacted?

- ☐ Our ability to provide quality services has greatly decreased.
- ☐ Our ability to provide quality services has slightly decreased.
- ☐ Our ability to provide quality services has stayed the same.
- ☐ Our ability to provide quality services has slightly increased.
- ☐ Our ability to provide quality services has greatly increased.
- ☐ Other (please specify)

11. Please share any other stories or data points that demonstrate the impact of the budget increases on your staffing capacity and/or your ability to provide services.