



Modernizing Ohio's DD System

A Path to Better Value, Better Lives

Ohio's developmental disabilities system serves tens of thousands of people and families across 88 counties, supported by a mix of federal, state, and local funding. While it provides a full continuum of services, the system's **complexity, uneven access, and cost pressures** underscore the need for predictable, data-driven reform.



Current State

- Large, **locally fragmented** system with **uneven access, funding, and quality**.
- Many people rely on higher-cost settings because **needed supports aren't available**.
- **Oversized but uneven provider network** – 13,000+ providers, including thousands of independents.
- Rules exceed state and federal requirements, **emphasizing compliance over outcomes**.
- **Workforce shortages, outdated rates, and administrative burden** strain capacity.
- **Limited data and transparency** hinder accountability and informed decision-making.
- System is **reactive, costly, and increasingly unsustainable**.

Future State

- **Coordinated, predictable, and value-driven** system statewide.
- People enter through a single, consistent **"no wrong door."**
- Payments and planning are guided by **one statewide assessment**.
- **Shared and regionalized administration** reduces duplication and cost.
- **Risk-based compliance, technology, and workforce investment** build capacity.
- **Data and transparency** drive decisions, accountability, and continuous improvement.
- System **delivers better value, better outcomes, and better lives**.

MUST HAVES

- **Self-Direction & Choice** – People and families have real control in their services and influence in system design.
- **Statewide Continuum** – Ensure access to the full range of services across the lifespan, across the state.
- **Cabinet-Level Leadership** – Keep DODD visible and accountable.
- **Practical Federal Alignment** – Balance rules with real-world sustainability.
- **Workforce & Infrastructure** – Invest in people, data, and technology.
- **Fiscal Responsibility** – Reinvest savings into workforce and innovation.
- **Quality & Compliance** – Focus oversight on outcomes and learning.

SNAPSHOT

People

- 110,000+ served statewide, with rising acuity and complexity.
- Access and experience vary widely by county, driven by local funding differences.

Providers

- 13,600 total providers — 1,500 are agencies, the rest are independents.
- Rates fail to keep pace with costs, making competitive DSP wages difficult to sustain or reliably increase over time.

Pressures

- Spending up 8.5% annually, outpacing state revenue growth.
- Reliance on local levies (0–60% match) drives inequity and fiscal instability.
- Duplicative regulations, audits, and monitoring increase administrative load and reduce capacity for direct service.



The Path to Value: POLICY LEVERS

Ohio's DD system must shift from fee-for-service and rule-driven oversight to a **value-based model that rewards outcomes, efficiency, and predictability**. Each lever strengthens one of five system priorities — **Access, Case Management, Sustainability, Quality & Accountability, and Efficiency**- creating a modern, high-trust system that reinvests savings into people, workforce, and innovation.

ACCESS

Goal: Ensure people can enter and move through a consistent statewide continuum of supports.

Policy Levers:

- **Establish Centralized Eligibility and Level of Care** – Create a single, statewide entry and determination process.
- **Implement 1915(b) Waiver: Selective Contracting** – Build coordinated provider and service coordination networks that guarantee access based on need, capacity, and performance.
- **Adopt Readiness Reviews and Provider Hubs** – Require small and independent providers to affiliate with regional or administrative hubs that ensure oversight, data reporting, and quality support.
- **Launch Value-Based Purchasing** – Align payments with outcomes, quality, and predictability to sustain access and capacity statewide.

Impact: Predictable access to the right service, at the right time, anywhere in Ohio.

CASE

MANAGEMENT

Goal: Align case management with value, quality, and outcomes.

Policy Levers:

- **Adopt a Single Statewide Assessment** – Drive eligibility, planning, authorizations, and consistency.
- **Transition to Per Member Per Month (PMPM) Payments** – Replace unit-based billing with predictable, performance-based funding.
- **Establish Tiered PMPM Rates** – Tie payment levels to individual acuity and measurable performance.
- **Clarify Roles and Strengthen Coordination** – Align acute care and long-term supports as systems evolve.
- **Implement Quality Indicators for Case Management & Care Coordination** – Track outcomes like stability, satisfaction, and community connection.

Impact: Predictable funding, consistent expectations, and case management that delivers measurable results.

SUSTAINABILITY

Goal: Build a financially stable, efficient system that supports predictability and reinvestment.

Policy Levers:

- **Shift “Aged, Blind, Disabled” Population to Opt-Out Managed Care** – Move from fee-for-service to managed care as the default for acute care (“card services”).
- **Acuity-Based Provider Rates and Outcome Incentives** – Tie reimbursement to the complexity of needs and measurable results.
- **Administrative Consolidation / Minimum Covered Lives** – Achieve economies of scale and reduce overhead through regional administration.
- **Reinvest Savings** – Redirect efficiency gains into workforce, technology, and innovation to strengthen capacity and quality.

Impact: Predictable growth, coordinated care, and sustainable funding – freeing resources to reinvest in people, workforce, and innovation.

QUALITY &

ACCOUNTABILITY

Goal: Move oversight from rule citation to outcomes and learning.

Policy Levers:

- **Adopt Risk-Based Oversight & Representative Sampling** – Focus reviews and monitoring on risk and performance, reduce administrative burden.
- **Align Rules with Federal Minimums** – Eliminate excessive requirements and focus on outcomes that matter.
- **Establish a Stakeholder-Led Quality Council** – Define shared measures, transparency standards, and continuous improvement goals.
- **Launch Public Quality Dashboards** – Report key performance metrics to promote accountability, learning, and informed choice.

Impact: Quality defined by results that matter – transparency, trust, and improvement.

EFFICIENCY

Goal: Reduce duplication and administrative burden so dollars flow to direct support.

Policy Levers:

- **Invest in Technology & AI** – Automate assessments, authorizations, and reporting to reduce manual workload.
- **Standardize Tools and Processes Statewide** – Replace county-specific systems with consistent forms, workflows, and documentation.
- **Simplify Reporting and Data Collection** – Align data requirements across agencies to eliminate redundant reporting and monitoring.
- **Create a Professional Registry** – Establish a single, cross-sector system for background checks, training, and credentials to streamline onboarding and mobility.

Impact: Less paperwork, more care – efficiency that sustains value.