

# Department of Mental Retardation and Developmental Disabilities

- Approximately 31% of the Department's budget is GRF
- More than 15,000 Ohioans receive services through ODMR/DD's waiver programs

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## OVERVIEW

### Duties and Responsibilities

The Ohio Department of Mental Retardation and Developmental Disabilities (ODMR/DD) is the primary state service agency for Ohioans with mental retardation or other developmental disabilities (mr/dd). The Department's mission is to provide for the ". . . continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families." The Director of the Department is appointed by the Governor and oversees more than 3,700 employees and an annual budget of about \$1.2 billion.

The Department provides services to approximately 1,600 individuals at ten regional developmental centers and more than 15,000 people through two home and community-based Medicaid waivers: Individual Options (IO) and Level 1 (L1).

The Department also provides subsidies to Ohio's 88 county boards of mr/dd. County boards provide a variety of community-based services including residential support, early intervention, family support, adult vocational and employment services, and service and support administration. In fiscal year (FY) 2006, approximately 74,500 people received services through county board programs.

The Department's budget is organized into four program series: Community Services, State Operated Services, Central Administration, and Debt Service.

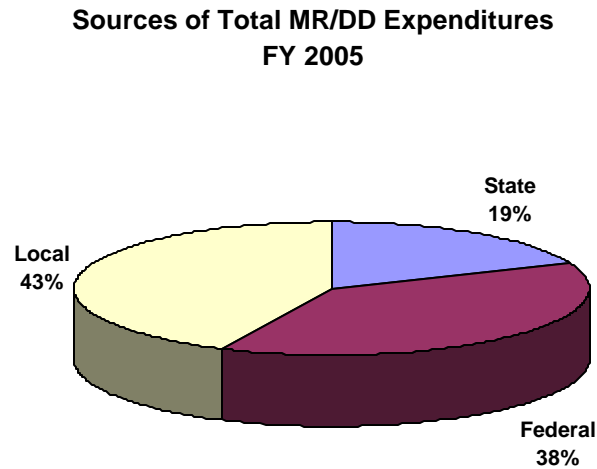
### Agency in Brief

Agency In Brief					
Number of Employees*	Total Appropriations-All Funds		GRF Appropriations		Appropriation Bill(s)
	2008	2009	2008	2009	
3,756	\$1.17 billion	\$1.25 billion	\$369.67 million	\$389.28 million	Am. Sub. H.B. 119

\*Employee count obtained from the Department of Administrative Services (DAS) payroll reports as of June 2007.

### System Funding

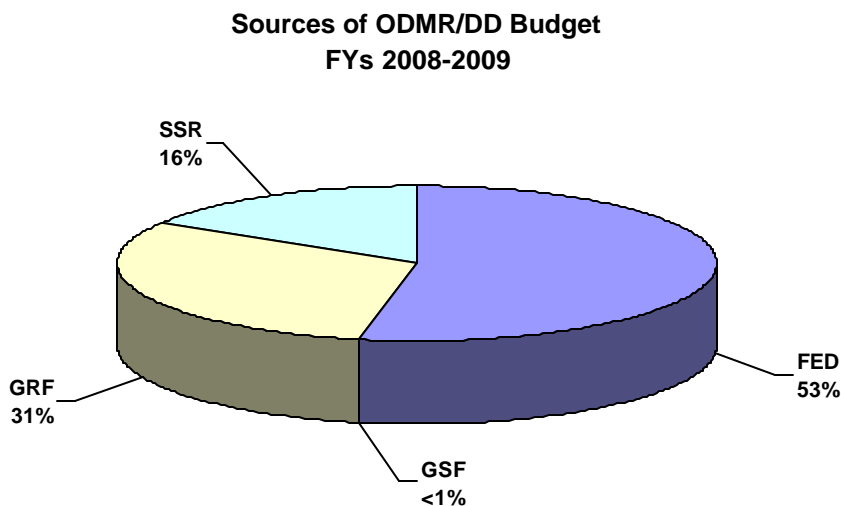
Funding for Ohio mr/dd services comes from a mix of federal, state, and local sources. The following chart highlights the percentage of total ODMR/DD expenditures that come from local, state, and federal sources.



In FY 2008, the enacted budget provides \$1.17 billion for ODMR/DD. In FY 2009, this figure increases to \$1.25 billion.

### Sources of ODMR/DD Budget – FYs 2008 - 2009

The chart below illustrates the various funding sources of the Department’s biennial budget.



For FY 2008, GRF appropriations total \$369.7 million, an increase of 4.2% over FY 2007 adjusted appropriations. For FY 2009, GRF appropriations increase by 5.3% to \$389.3 million. In total, GRF funds make up approximately 31% of the Department’s budget. For FY 2008, Federal Special

Revenue (FED) appropriations total \$610.8 million, a 10.7% decrease from FY 2007 adjusted appropriations. For FY 2009, federal appropriations total \$658.1 million, an increase of 7.7%. In total, federal funds represent approximately 53% of the Department's budget.

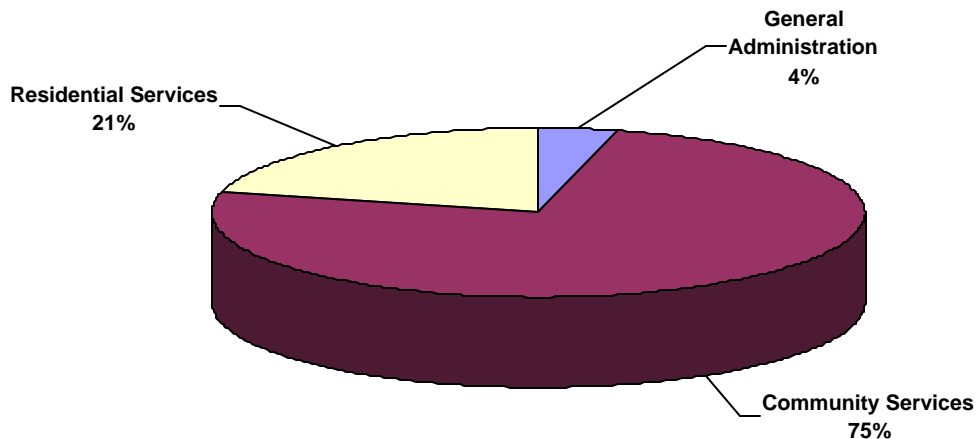
For FY 2008, State Special Revenue (SSR) appropriations total \$192.4 million, an increase of approximately 1% from FY 2007 adjusted appropriations. For FY 2009, SSR appropriations total \$204.3 million, an increase of approximately 6.2% from FY 2008 adjusted appropriations. In total, SSR appropriations represent approximately 16% of the Department's budget.

For FY 2008, General Services Fund (GSF) appropriations total \$1.1 million, a decrease of approximately 19.7% from FY 2007 adjusted appropriations. For FY 2009, GSF appropriations are \$1.0 million. In total, GSF appropriations represent less than 1% of the Department's budget.

### Total Budget by Program Area – FYs 2008 - 2009

The Department has three main program areas, as designated by the Office of Budget and Management: Community Services (COM), Residential Services (RES), and General Administration (GEN). The chart below shows the Department's biennial budget by these three program areas.

**Sources of ODMR/DD Budget by Program Area  
FYs 2008-2009**



## Budget Issues

### Medicaid Redesign

#### Overview

In July 1999, CMS audited the Residential Facilities Waiver (RFW). The audit concluded that Ohio failed to comply with the Medicaid requirements of statewide, reasonable access, and comparability of services in their Medicaid waiver program. With the passage of Am. Sub. H.B. 94 and Am. Sub. H.B. 405, both of the 124th General Assembly (FY 2001), reforms of Ohio's mr/dd delivery system began. According to the Department, these changes are necessary to reduce the large residential

services waiting lists, the inequity among county board services, high direct care staff turnover, to increase consumer choice, to comply with Supreme Court decisions (*Olmstead*), and to bring Ohio's mr/dd services in compliance with Medicaid requirements.

One key tenet of these reforms, collectively known as Medicaid Redesign, is predicated on redirecting individuals to Medicaid waivers who receive services paid fully by GRF and/or local levy dollars. The Department refers to this process as "refinancing." Thus, as individuals are moved for services funded solely by state and local dollars (e.g., Supported Living, Family Support Services, etc.) to funding sources that receive federal reimbursement (waiver services), funds are freed (approximately 60% of the costs) and can be used elsewhere in the mr/dd system. The released state and local dollars, then, may be used to expand Medicaid waiver services. The Department views the refinancing reforms as a success, thus far. Between FYs 2002-2006, the number of individuals served by Medicaid waivers has increased by 194%, from 5,278 to 15,541. Additionally, the amount of local resources spent on waivers has increased by 540%, from \$16.4 million to \$104.8 million.

### **Implications of the Budget**

The budget bill includes several provisions concerning Medicaid Redesign.

The bill revises the law governing when a county board of mental retardation and developmental disabilities and ODMR/DD are required to pay the nonfederal share of Medicaid expenditures for home and community-based services provided under an ODMR/DD-administered Medicaid waiver program. The bill also revises the law governing the funds that a county board may use to pay the nonfederal share of such Medicaid expenditures.

In addition, the bill specifies a minimum amount of funds that ODMR/DD must expend, subject to available appropriations, in FY 2009 and thereafter to (1) pay for the nonfederal share of such Medicaid expenditures that ODMR/DD is required to pay and (2) assist county boards in paying the nonfederal share of such expenditures that the county boards are required to pay. ODMR/DD is required to pay these expenditures in the form of allocations to county boards or by other means.

In FY 2008, a county board is required to pay no less than the total amount paid as the nonfederal share for I.O. waiver services provided in FY 2007, but no more than 1% over this amount. In FY 2009, there is no cap on spending. The bill specifies that unless a county board requests an individual to be enrolled on a waiver, then ODMR/DD must pay.

The bill stipulates the minimum number of persons that county boards must ensure are enrolled in ODMR/DD-administered Medicaid waiver programs.

The bill revises current law governing a plan that a county mr/dd board must submit to ODMR/DD for approval to maintain complete Medicaid local administrative authority under the MR/DD Medicaid Redesign in three ways: (1) Reduces from four to three the number of components of the plan by eliminating the component that provides for the recruitment, training, and retention of existing and new direct care staff. (2) Eliminates a requirement that the component regarding implementation of Medicaid case management services and ODMR/DD-administered home and community-based services include an agreement for the county mr/dd board to comply with the method of paying for extraordinary costs and ensuring the availability of adequate funds in the event a county property tax levy for services for individuals with mr/dd fails. (3) Eliminates from the Revised Code obsolete deadlines for county mr/dd boards to submit the different components of the plan for ODMR/DD approval.

## **Martin Settlement**

In 1989, Ohio Legal Rights Service (OLRS) filed a federal class action lawsuit against Ohio claiming undue segregation in institutions for individuals with mr/dd and large waiting lists for people in need of services. According to OLRS, the *Martin* lawsuit (originally *Martin v. Celeste*, then *Martin v. Voinovich*, *Martin v. Taft*, *Martin v. Strickland*) seeks integrated community residential services, specifies that state programs should not discriminate against people with severe disabilities, and states that integrated residential services should be developed.

During the course of the 18-year lawsuit, public policy philosophies concerning mental retardation and developmental disabilities have begun to change direction. A year after the lawsuit was filed, in 1990, Congress passed and enacted the Americans with Disabilities Act (ADA), which prohibited discrimination of individuals based on their disability. In 1999, using the ADA as their foundation, the U.S. Supreme Court ruled in *Olmstead v. L.C.* that individuals with disabilities had a right to live in a community-based setting if their treatment professional determined that placement in the community was appropriate and the individual had a desire to move. The decision did provide for states to limit community placement based on available resources.

During the past eight years, options for services and supports provided in community-based settings expanded for Ohioans. Home and Community-Based Services waivers such as the Individual Options (IO), Level One, and Transitions waivers were serving approximately 17,000 individuals with disabilities in 2006.

However, because resources remain limited, there are still long waiting lists for many of these community-based services. The limited availability makes enrollment in a developmental center or ICF/MR the only option for some.

In October of 2006, a tentative settlement was reached in the federal class action case of *Martin v. Strickland*. The proposed agreement will result in state funding for home and community based services over the next two state fiscal years for 1,500 additional individuals who are currently in an institution and choose to move, or who will be at risk of being institutionalized but who would choose to be served in a community setting. ODMR/DD will be responsible for allocating 600 waiver slots in FY 2008 and 900 slots in FY 2009. In each fiscal year, at least 100 of the waiver slots will have to be made available to individuals residing in ICFs/MR and 40 of the waiver slots will have to go to individuals residing in nursing facilities. The remaining waiver slots will be allocated to county boards of mr/dd to serve individuals currently on waiting lists for waiver services.

In addition, the agreement will result in the release to county boards of mental retardation and developmental disabilities of \$4.2 million of state capital funds for housing development for the class. The settlement also calls for surveys of those residing in ICFs/MR and NFs (nursing facility) to assist in evaluating the need for additional community-based services. Of these funds, \$299,600 of the capital funds will be required to be allocated to the Residential Handicap Accessibility Project. These funds are used to renovate and upgrade existing housing.

## **MR/DD Futures Study Committee**

The budget bill creates the MR/DD Futures Study Committee. Language in the bill requires the Committee, not later than March 30, 2008, to submit a report to the Governor and General Assembly on the Committee's findings and recommendations regarding the funding and design of services provided by county boards of mental retardation and developmental disabilities. The Committee will not meet after submission of the report.

## ANALYSIS OF THE BUDGET

### Program Series

### 1: Community Services

**Purpose:** This program series contains programs that are designed to provide community-based support that will enable individuals with mr/dd to reside in the community.

The following table shows the line items that are used to fund the Community Services program series.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	320-412	Protective Services	\$2,792,322	\$2,792,322
GRF	322-413	Residential and Support Services	\$6,753,881	\$6,753,881
GRF	322-416	Medicaid Waiver – State Match	\$109,551,380	\$109,551,380
GRF	322-451	Family Support Services	\$6,938,898	\$6,938,898
GRF	322-501	County Boards Subsidies	\$87,270,048	\$87,270,048
GRF	322-503	Tax Equity	\$14,000,000	\$14,000,000
GRF	322-504	Martin Settlement	\$6,159,766	\$29,036,451
<b>General Revenue Fund Subtotal</b>			<b>\$233,466,295</b>	<b>\$256,342,980</b>
<b>State Special Revenue Fund</b>				
221	322-620	Supplemental Service Trust	\$150,000	\$150,000
4K8	322-604	Medicaid Waiver – State Match	\$12,000,000	\$12,000,000
5EV	322-627	Program Fees	\$20,000	\$20,000
5DJ	322-625	Targeted Case Management Match	\$11,082,857	\$11,470,757
5DJ	322-626	Targeted Case Management Services	\$27,548,737	\$28,512,943
5S2	590-622*	Medicaid Administration and Oversight	\$2,581,052	\$2,385,670
5Z1	322-624	County Board Waiver Match	\$116,000,000	\$126,000,000
<b>State Special Revenue Fund Subtotal</b>			<b>\$169,382,646</b>	<b>\$180,539,370</b>
<b>General Services Fund</b>				
5M0	322-628	Martin Settlement	\$150,000	\$0
4B5	320-640*	Training and Service Development	\$50,000	\$50,000
<b>General Services Fund Subtotal</b>			<b>\$200,000</b>	<b>\$50,000</b>
<b>Federal Special Revenue Fund</b>				
3A4	323-605	DC and Residential Facility Services and Support	\$11,293,953	\$600,730
3G6	322-639*	Medicaid Waiver – Federal	\$455,456,984	\$506,220,978
3M7	322-650*	CAFS Medicaid	\$4,123,713	\$0
325	322-612	Community Service Programs and Grants	\$11,186,114	\$11,164,639
3A5	320-613	DD Council	\$2,705,004	\$2,743,630
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$484,765,768</b>	<b>\$520,729,977</b>
<b>Total Funding: Community Services</b>			<b>\$887,814,709</b>	<b>\$957,662,327</b>

\* Amount does not reflect total appropriation because the line item is used to fund other program series. This analysis focuses on the following specific programs within the Community Services program series:

- **Program 1.01: Medicaid Waivers**
- **Program 1.02: Community Subsidies**
- **Program 1.03: Quality Assurance**
- **Program 1.04: Grants**

## Medicaid Waivers

**Program Description:** ODMR/DD administers two home and community-based Medicaid waivers. They are Individual Options (IO) and the Level One (L1). The primary outcome of this program is to provide home and community-based services and support to individuals with mental retardation or other developmental disabilities (mr/dd) that are cost effective, allow individuals to live in community-based settings, increase an individual's skills, competencies, and self-reliance, ensure an individual's health and safety, and maximize an individual's overall quality of life to the greatest extent possible.

The IO waiver is a home and community-based Medicaid waiver that provides federal reimbursement for certain Medicaid services for eligible persons residing in noninstitutional settings. Services covered on the IO waiver include supported employment, specialized medical and adaptive/assistive equipment, environmental modifications, home-delivered meals, homemaker/personal care, respite care, and transportation. The individual pays costs associated with room and board (e.g., rent, utilities, food, etc.).

The Level 1 waiver is a home and community-based Medicaid waiver that provides federal reimbursement for certain Medicaid services for individuals who live in the community. Individuals on this waiver must have a network of friends, neighbors, or family that can safely and effectively provide the necessary care at no cost to the system. The Level 1 waiver has a \$5,000 annual cost cap for homemaker/personal care, institutional respite, informal respite, and transportation. The Level 1 waiver has a \$6,000 cost cap over a three-year period for personal emergency response systems, specialized medical equipment and supplies, and environmental modifications. The Level 1 waiver has an \$8,000 cost cap over a three-year period for emergency assistance.

The Level 1 waiver was implemented as part of the Medicaid redesign initiative. Medicaid eligible individuals with mr/dd who receive low-level support from programs entirely funded by GRF and local levy funds (e.g., Supported Living) are directed to the Level 1 waiver to maximize federal reimbursement.

**Implication of the Budget:** The budget will provide funding for the IO waiver serving approximately 11,800 individuals, provide funding for the Level 1 waiver serving approximately 4,650 individuals, and provide funding for an additional 1,500 IO Waiver slots in compliance with the *Martin Settlement*. The budget includes an additional \$150,000 appropriation for ODMR/DD to use for compliance with the Martin Consent Order.

## Community Subsidies

**Program Description:** The Community Subsidies program contains the various state subsidies provided by ODMR/DD. Most of these subsidies are provided to county boards of mr/dd to assist the boards with the cost of administering and providing services and supports, as required by state statute. The following describes the major sub-programs contained in the Community Subsidies program.

**Country Boards Operating Subsidy.** This program provides a subsidy to county boards of mr/dd to support some of the administrative costs of providing the services that county boards

of mr/dd are required to provide. These services include adult and early childhood services, supportive home services, education, and habilitation services. County boards that are certified as providers are eligible for this subsidy.

***Supported Living Subsidy.*** The primary goal of this program is to provide cost-effective services and supports to individuals with mr/dd that allow them to remain in their own homes while avoiding more costly institutionalization. Supported living services may include the cost of home accessibility adaptations, assistive equipment, room and board subsidies, and/or support staff.

***Family Support Services Subsidy.*** The primary goal of this program is to reduce and prevent more costly residential care by providing funding/services to families to help keep individuals with mr/dd in their family home. Services provided by this program may include respite care; family counseling, training, and education; adaptive equipment; and home modifications.

***Service and Support Administration (SSA).*** This program provides a subsidy to county boards of mr/dd to support the administrative costs associated with the boards' role as the single point of entry in the mr/dd system. SSAs are also responsible for developing individual service plans.

***Tax Equity.*** This subsidy provides funding to help equalize local tax levy revenues for tax-poor counties to ensure that adult services are available statewide and are not limited because of the inability to raise sufficient local levy funds. Tax Equity payments may only be used for services provided to adults. In FY 2005, 61 counties received Tax Equity payments.

***Miscellaneous Residential Supports.*** The primary goal of this program is to continue to fund commitments made to county boards for their assistance in addressing the specific needs of certain individuals at various times when the ODMR/DD was obligated to do so.

***Implication of the Budget:*** The budget will continue current subsidy funding to the 88 county boards of mr/dd to serve 76,000 individuals.

The budget restores, as an ongoing requirement, a requirement that ODMR/DD provide a family support services subsidy to county boards of mr/dd. The bill also removes a reference that allows appropriation item 322-451, Family Support Services, to be used for residential and support service.

The budget also includes a new provision that generally prohibits any person or government entity, or a related party of a person or government entity, from providing both a residence and supported living services to an individual with mental retardation or developmental disability by removing the prohibition that applies to the related party. For purposes of the bill, "related party" includes most relatives, employees, and certain business and governmental associates.

The budget includes a provision that allows that tax equity payments to county boards of mr/dd that would lose tax equity funding in FY 2008 to receive \$25,000 or the amount they received in FY 2007, whichever is less. Remaining tax equity funds will be distributed to counties based on section 5126.18 of the Revised Code.



## Quality Assurance

**Program Description:** The Quality Assurance program is made up of various subprograms, all of which have the objective of assuring the health and safety of individuals with mr/dd that receive services and that the services yield quality results. The primary mechanisms for ensuring quality is through the: (1) monitoring and investigation of Major Unusual Incidents (MUIs), (2) certification of providers of services, including county board accreditation, (3) licensure of residential facilities, (4) the provision of guardianships, financial management, and protector services for individuals with mr/dd, and (5) Targeted Case Management.

**Major Unusual Incidents.** MUI staff is responsible for managing the Abuser Registry, conducting conflict investigations, conducting certification training for county board investigative agents, providing training and technical assistance on health and safety issues, managing ODMR/DD's hotline, and conducting compliance activities for county boards of mr/dd and service providers concerning their respective "protection from harm" systems.

**Initial Certification of Service Providers.** State statute and administrative rules outline the initial certification standards for HCBS and non-HCBS service providers. ODMR/DD certification staff review applications from individuals and agency providers to determine if the applicant meets applicable requirements to be issued certification. Staff produce semi-annual and annual reports based on the compliance reviews and the data is shared with providers, county boards, and families of service recipients. When trends are detected, ODMR/DD provides guidance to service providers to ensure compliance with certification standards.

**Review of Licensed and Certified Providers.** The licensure of residential facilities is the primary way in which ODMR/DD continually monitors the qualifications of residential providers. State statute and administrative rule outline the licensure standards for residential facilities. On a regular basis, ODMR/DD licensure staff conducts on-site reviews of residential facilities and their respective program services to ensure compliance with all applicable licensure standards. When deficiencies are found, providers are required to submit plans of correction, which are then verified by ODMR/DD. Staff produce semi-annual and annual reports based on the on-site reviews and the data is shared with providers, county boards, and families of service recipients. When trends are detected, ODMR/DD provides guidance to service providers to ensure compliance with licensure standards.

**Accreditation of County Boards of MR/DD.** Similar to the review of private providers, ODMR/DD conducts periodic, comprehensive reviews of county boards to ensure compliance with applicable federal and state requirements.

**Protective Services.** Since 1983, ODMR/DD has contracted with Advocacy and Protective Services, Inc. (APSI), a nonprofit corporation, for the provision of protective services. As discussed above, APSI provides guardianships, limited guardianships, trustee (financial management), and protector services to individuals with mr/dd. The local probate court has ruled that each individual receiving protective services from APSI lacks the ability to manage their personal finances or to advocate on their own behalf.

**Targeted Case Management.** Targeted Case Management services assist individuals with mr/dd in accessing needed medical, social, and/or educational services. The goal of this program is to assist consumers in accessing the necessary services and supports that increase an individual's skills, competencies, and self-reliance through the development of an individualized service plan (ISP).

**Implication of the Budget:** The budget will allow for current service levels to be maintained.

The budget includes a 13.4% increase in line item 320-412, Protective Services, to support increased need. The increase will help retain a professional workforce, and allow for hiring additional staff to manage increasing caseloads.

The Centers for Medicare and Medicaid Services (CMS) found the CAFS program to be out of compliance with federal Medicaid requirements pertaining to comparability of services, free choice of provider, and overall service eligibility. The CAFS program ended effective July 1, 2005. Line item 322-650 includes an appropriation to pay final audit findings pertaining to the CAFS program.

## Grants

**Program Description:** The following describes the major subprograms contained in the Grants program:

**Foster Grandparent Program.** The Foster Grandparent program provides volunteer opportunities for lower income senior citizens aged 60 years or older to assist children with mr/dd. At the same time, the program provides one-on-one supportive services for children who have special needs or who are disadvantaged. This program is part of the National Senior Service Corps. There is a national network of similarly structured volunteer organizations sponsored and operated by state and local governments throughout the United States. This program provides supportive services to approximately 660 children with special needs (located in nine counties) from 125 foster grandparents.

Funds for this program come from a federal grant provided by the Corporation for National and Community Service. Ninety percent of the program's operating budget can come from federal funds; therefore, a state match of 10% is necessary.

**Title XX.** A total of 92 county boards, councils of government (COGs), and other nonprofit, human services agencies provide individualized services such as counseling, day care for adults and children, education and training, employment, health-related and home health services, protective services for adults, recreational services, and transportation offered through the county boards to individuals with mr/dd.

**Early Intervention.** Program staff actively work with county boards to provide training and technical assistance to ensure compliance with existing state and federal laws and rules governing early intervention services.

**Real Choice Systems Grant: Independence Plus.** The grant coordinator works with stakeholders, ODJFS, and CMS to design a waiver that includes features that do not currently exist in Ohio and is responsive to the Olmstead settlement.

**Real Choice Systems Grant: Quality Initiatives.** Through the participation of five demonstration counties, the program team seeks input from individuals, families, and system stakeholders to be incorporated into improved quality of system services and delivery.

**Ohio Developmental Disabilities Council.** Using federal pass-through funds, this program grants funding to organizations aimed at expanding innovative approaches for supporting individuals with disabilities, educating policymakers about the needs and abilities of

such persons, assisting developmentally disabled individuals with self-determination, employment, outreach, and training.

**Implication of the Budget:** The budget will allow for current service levels to be maintained.

## Program Series

## 2: State Operated Services

**Purpose:** This program series contains the Developmental Centers program and the planning, budgeting, and project controls for state and community facilities.

The following table shows the line items that are used to fund the State Operated Services program series.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	323-321	DC and Residential Facility Operating Expenses	\$102,796,851	\$102,796,851
<b>General Revenue Fund Subtotal</b>			<b>\$102,796,851</b>	<b>\$102,796,851</b>
<b>State Special Revenue Fund</b>				
489	323-632	DC Direct Care Support	\$14,543,764	\$14,671,616
<b>State Special Revenue Fund Subtotal</b>			<b>\$14,543,764</b>	<b>\$14,671,616</b>
<b>General Services Fund</b>				
152	323-609*	Developmental Center and Residential Operating Services	\$812,177	\$812,177
4B5	320-640*	Training and Service Development	\$50,000	\$50,000
<b>General Services Fund Subtotal</b>			<b>\$862,177</b>	<b>\$862,177</b>
<b>Federal Special Revenue Fund</b>				
3A4	323-605*	DC and Residential Facility Operating Expenses	\$119,813,177	\$130,557,767
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$119,813,177</b>	<b>\$130,557,767</b>
<b>Total Funding: State Operated Services</b>			<b>\$238,015,969</b>	<b>\$248,888,411</b>

\* Amount does not reflect total appropriation because the line item is used to fund other program series.

This analysis focuses on the following specific programs within the State Operated Services program series:

- **Program 2.01: Developmental Centers**
- **Program 2.02: Facilities Development and Management**

## Developmental Centers

**Program Description:** This program provides safe, habilitative environments and residence for individuals with significant mental retardation and other challenging behaviors and/or conditions. In addition, the programs are designed to return these individuals, when stabilized, to less intensive living environments within their local communities. Specific services provided to those residing within the developmental centers include:

**Protection from Harm.** Each individual must be free from abuse and neglect. They have rights protected by federal law and these rights must be enforced. They must also receive a level of supervision required to ensure they are safe and healthy. This requirement includes direct care staffing 24 hours a day, 7 days a week.

**Skills Development.** Under the federal regulations, individuals who reside in the centers must receive a continuous program of aggressive active treatment, which includes training in basic skills such as dressing, grooming, feeding, communication, and basic home care. Other required training includes (but is not limited to) money management, behavior management, self-medication administration, and prevocational training. These programs must be developed based on a comprehensive functional assessment, by a team of professionals and paraprofessionals, which includes the individual and his or her guardian.

**Health Care.** Individuals receive the health care services necessary to obtain and maintain their optimum level of health and well-being. Physician, nursing, and dental services are provided, as well as any other specialist needs. This often includes neurology, podiatry, and psychiatry. Federal regulations require specific nursing and physician services to meet individual needs.

**Behavior Support.** The majority of residents have maladaptive behaviors that prevent them from living in the community and are the cause for most court-ordered admissions. Programs to reduce or modify these maladaptive behaviors are required by law, and are necessary to aid the residents to return to the community. Licensed psychologists and psychology assistants must assist in developing the plan and training the staff to provide these services.

**Therapy.** Ancillary services promote the individual's development and prevent further disabling conditions, thus giving the individual greater independence. Key therapy interventions include occupational therapy, physical therapy, and speech/language/hearing services.

**Residential Support.** The amenities of daily life (e.g., food service, housekeeping, laundry, grounds keeping, and maintenance services) are made possible by support staff.

**Implication of the Budget:** The budget will allow current program and certification levels to be maintained.

The budget establishes the Gallipolis Developmental Center Pilot Program. The bill requires the Director to establish a one-year pilot program under which the Gallipolis Developmental Center will provide home and community-based services under the Individual Options Medicaid waiver program to not more than ten volunteers.

The bill also requires the pilot program to be operated during calendar year 2009 and that money be expended on the pilot program beginning in the first half of calendar year 2009. In addition, the Director of MR/DD is required to submit a report regarding the pilot program not later than the first day of April 2010.

Up to ten IO waiver slots, that will be funded by the Martin Settlement, may be filled under the pilot program. The Department will incur additional costs evaluating the pilot program and issuing a report. ODMR/DD and ODJFS may incur minimal costs providing technical assistance to the Gallipolis Developmental Center.

## Facilities Development and Management

**Program Description:** This program provides project management for various state and community facilities needed for the effective delivery of appropriate services. These include the purchase or renovation of community housing for individuals with mr/dd, development of Early Childhood and Family Centers and Adult Workshops, renovations for increased handicap accessibility, and maintenance of the ten developmental centers.

**Implication of the Budget:** The budget will provide for the ongoing capital maintenance of ten developmental centers; manage the construction and renovation of Early Childhood and Family Centers, as well as Adult Workshops and home accessibility modifications; and manage the renovation, construction, and purchase of approximately 144 houses for individuals with mr/dd.

**Program Series****3: Central Administration**

**Purpose:** The role of Central Administration is to provide the Department with the necessary infrastructural support to successfully carry out its mission.

The following table shows the line items that are used to fund the Central Administration program series.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	320-321	Central Administration	\$9,638,610	\$9,638,610
<b>General Revenue Fund Subtotal</b>			<b>\$9,638,610</b>	<b>\$9,638,610</b>
<b>State Special Revenue Fund</b>				
5HO	322-619	Medicaid Repayment	\$10,000	\$10,000
5S2	590-622*	Medicaid Administration and Oversight	\$8,422,803	\$9,086,665
<b>State Special Revenue Fund Subtotal</b>			<b>\$8,432,803</b>	<b>\$9,096,665</b>
<b>General Services Fund</b>				
152	323-609*	DC and Residential Operating Services	\$100,000	\$100,000
488	322-603	Provider Audit Refunds	\$10,000	\$10,000
<b>General Services Fund Subtotal</b>			<b>\$110,000</b>	<b>\$110,000</b>
<b>Federal Special Revenue Fund</b>				
3A4	323-605*	DC and Residential Facility Services and Support	\$5,192,406	\$6,396,811
3G6	322-639*	Medicaid Waiver - Federal	\$854,187	\$397,851
3M7	322-650*	CAFS Medicaid	\$155,000	\$0
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$6,201,593</b>	<b>\$6,794,662</b>
<b>Total Funding: Central Administration</b>			<b>\$24,383,006</b>	<b>\$25,639,937</b>

\* Amount does not reflect total appropriation because the line item is used to fund other program series.

This analysis focuses on the following specific programs within the Central Administration program series:

■ **Program 3.01: Central Administration**

### Central Administration

**Program Description:** Central Administration is responsible for discharging the necessary day-to-day operations of the Department in support of its program activities. The divisions included in Central Administration are: the Director's office, Human Resources, Information Systems, Fiscal Administration, Audit, Medicaid Policy Development and Administration, and Legal.

**Funding Source and Line Items:** There is only one program in this program series. The table above shows the line items that are used to fund the Central Administration program.

**Implication of the Budget:** The budget will provide funding for fiscal administration, audit services, Medicaid policy development, waiver administration, IT services, and legal services for the Department of Mental Retardation and Developmental Disabilities; and fund Central Administration program's 165 staff members.

**Program Series****4: Debt Service**

**Purpose:** This program covers debt service payments on bonds issued for long-term capital construction projects.

The following table shows the line items that are used to fund the Debt Service program series.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	320-415	Lease-Rental Payments	\$23,767,400	\$20,504,500
<b>General Revenue Fund Subtotal</b>			<b>\$23,767,400</b>	<b>\$20,504,500</b>
<b>Total Funding: Debt Service</b>			<b>\$23,767,400</b>	<b>\$20,504,500</b>

This analysis focuses on the following specific programs within the Debt Service program series:

■ **Program 4.01: Debt Service**

### Debt Service

**Program Description:** This program covers debt service payments on bonds issued for long-term capital construction projects.

**Funding Source and Line Items:** There is only one program in this program series. The table above shows the line items that are used to fund the Debt Service program

**Implication of the Budget:** The budget will continue the principal and interest payments on capital expenditures on DMR-owned facilities.

**FY 2008 - 2009 Final Appropriation Amounts**

**All Fund Group**

**Line Item Detail by Agency**

FY 2005: FY 2006: *FY 2007 Adj. Appropriations:* *FY 2008 Appropriations:* % Change 2007 to 2008: *FY 2009 Appropriations:* % Change 2008 to 2009:

**Report For: Main Operating Appropriations Bill**

**Version: Enacted**

**DMR Mental Retardation and Developmental Disabilities, Department of**

GRF	320-321	Central Administration	\$ 9,285,061	\$ 9,378,560	\$ 9,357,874	\$ 9,638,610	3.00%	\$ 9,638,610	0.00%
GRF	320-412	Protective Services	\$ 2,008,330	\$ 2,463,000	\$ 2,463,000	\$ 2,792,322	13.37%	\$ 2,792,322	0.00%
GRF	320-415	Lease-Rental Payments	\$ 22,380,819	\$ 22,340,731	\$ 23,833,600	\$ 23,767,400	-0.28%	\$ 20,504,500	-13.73%
GRF	322-405	State Use Program	\$ 257,112	\$ 14,791	\$ 0	\$ 0	N/A	\$ 0	N/A
GRF	322-413	Residential and Support Services	\$ 7,702,390	\$ 6,890,156	\$ 7,423,021	\$ 6,753,881	-9.01%	\$ 6,753,881	0.00%
GRF	322-416	Medicaid Waiver - State Match	\$ 99,190,711	\$ 106,181,843	\$ 107,192,413	\$ 109,551,380	2.20%	\$ 109,551,380	0.00%
GRF	322-417	Supported Living	\$ 42,591,071	\$ 43,303,208	\$ 43,160,198	\$ 0	-100.00%	\$ 0	N/A
GRF	322-451	Family Support Services	\$ 8,018,972	\$ 6,836,353	\$ 6,938,898	\$ 6,938,898	0.00%	\$ 6,938,898	0.00%
GRF	322-452	Service and Support Administration	\$ 8,672,724	\$ 8,672,730	\$ 8,672,730	\$ 0	-100.00%	\$ 0	N/A
GRF	322-501	County Boards Subsidies	\$ 35,927,589	\$ 31,337,721	\$ 31,296,087	\$ 87,270,048	178.85%	\$ 87,270,048	0.00%
GRF	322-503	Tax Equity	\$ 14,981,203	\$ 14,000,000	\$ 14,000,000	\$ 14,000,000	0.00%	\$ 14,000,000	0.00%
GRF	322-504	Martin Settlement	---	---	---	\$ 6,159,766	N/A	\$ 29,036,451	371.39%
GRF	323-321	Developmental Center and Residential Facilities Operation Expenses	\$ 103,092,781	\$ 104,561,813	\$ 100,457,600	\$ 102,796,851	2.33%	\$ 102,796,851	0.00%
<b>General Revenue Fund Total</b>			<b>\$ 354,108,763</b>	<b>\$ 355,980,904</b>	<b>\$ 354,795,421</b>	<b>\$ 369,669,156</b>	<b>4.19%</b>	<b>\$ 389,282,941</b>	<b>5.31%</b>
152	323-609	Developmental Center and Residential Operating Services	\$ 727,055	\$ 466,412	\$ 912,177	\$ 912,177	0.00%	\$ 912,177	0.00%
488	322-603	Provider Audit Refunds	\$ 212,509	---	\$ 10,000	\$ 10,000	0.00%	\$ 10,000	0.00%
4B5	320-640	Training and Service Development	\$ 4,669	\$ 35,861	\$ 300,000	\$ 100,000	-66.67%	\$ 100,000	0.00%
4J6	322-645	Intersystem Services for Children	\$ 2,316,897	\$ 461,663	\$ 0	\$ 0	N/A	\$ 0	N/A
4U4	322-606	Community MR and DD Trust	---	---	\$ 50,000	\$ 0	-100.00%	\$ 0	N/A
4V1	322-611	Family and Children First	\$ 471,844	\$ 33,082	\$ 0	\$ 0	N/A	\$ 0	N/A
5M0	322-628	Martin Settlement	---	---	---	\$ 150,000	N/A	\$ 0	-100.00%
<b>General Services Fund Group Total</b>			<b>\$ 3,732,975</b>	<b>\$ 997,019</b>	<b>\$ 1,272,177</b>	<b>\$ 1,172,177</b>	<b>-7.86%</b>	<b>\$ 1,022,177</b>	<b>-12.80%</b>
325	320-634	Protective Services	\$ 100,000	\$ 100,000	\$ 100,000	\$ 0	-100.00%	\$ 0	N/A
325	322-608	Grants for Infants and Families with Disabilities	\$ 1,579,824	\$ 933,790	\$ 1,763,165	\$ 0	-100.00%	\$ 0	N/A
325	322-612	Community Social Service Programs	\$ 9,640,795	\$ 9,281,654	\$ 11,500,000	\$ 11,186,114	-2.73%	\$ 11,164,639	-0.19%
325	323-608	Foster Grandparent Program	\$ 379,964	\$ 365,452	\$ 575,000	\$ 0	-100.00%	\$ 0	N/A
3A4	320-605	Administrative Support	\$ 10,052,740	\$ 7,082,409	\$ 13,492,892	\$ 0	-100.00%	\$ 0	N/A
3A4	322-605	Community Program Support	\$ 1,603,977	\$ 0	\$ 1,500,000	\$ 0	-100.00%	\$ 0	N/A



**FY 2008 - 2009 Final Appropriation Amounts**

**All Fund Group**

**Line Item Detail by Agency**

			FY 2005:	FY 2006:	FY 2007 Adj. Appropriations:	FY 2008 Appropriations:	% Change 2007 to 2008:	FY 2009 Appropriations:	% Change 2008 to 2009:
<b>DMR Mental Retardation and Developmental Disabilities, Department of</b>									
3A4	323-605	Developmental Center and Residential Facility Services and Support	\$ 108,736,198	\$ 109,114,542	\$ 120,000,001	\$ 136,299,536	13.58%	\$ 137,555,308	0.92%
3A5	320-613	DD Council	\$ 832,884	\$ 858,093	\$ 895,440	\$ 2,705,004	202.09%	\$ 2,743,630	1.43%
3A5	322-613	DD Council Grants	\$ 2,335,564	\$ 1,858,097	\$ 3,204,240	\$ 0	-100.00%	\$ 0	N/A
3G6	322-639	Medicaid Waiver - Federal	\$ 306,701,920	\$ 381,771,189	\$ 427,272,813	\$ 456,311,171	6.80%	\$ 506,618,829	11.02%
3M7	322-650	CAFS Medicaid	\$ 276,798,470	\$ 171,979,188	\$ 103,773,730	\$ 4,278,713	-95.88%	\$ 0	-100.00%
<b>Federal Special Revenue Fund Group Total</b>			<b>\$ 718,762,334</b>	<b>\$ 683,344,412</b>	<b>\$ 684,077,281</b>	<b>\$ 610,780,538</b>	<b>-10.71%</b>	<b>\$ 658,082,406</b>	<b>7.74%</b>
221	322-620	Supplement Service Trust	\$ 125,375	---	\$ 150,000	\$ 150,000	0.00%	\$ 150,000	0.00%
489	323-632	Developmental Center Direct Care Support	\$ 8,163,898	\$ 12,035,511	\$ 15,625,627	\$ 14,543,764	-6.92%	\$ 14,671,616	0.88%
4K8	322-604	Medicaid Waiver - State Match	\$ 11,433,571	\$ 9,182,059	\$ 12,000,000	\$ 12,000,000	0.00%	\$ 12,000,000	0.00%
5DJ	322-625	Targeted Case Management Match	---	---	\$ 20,280,000	\$ 11,082,857	-45.35%	\$ 11,470,757	3.50%
5DJ	322-626	Targeted Case Management Services	---	---	\$ 18,351,594	\$ 27,548,737	50.12%	\$ 28,512,943	3.50%
5EV	322-627	Program Fees	---	---	---	\$ 20,000	N/A	\$ 20,000	0.00%
5H0	322-619	Medicaid Repayment	---	---	\$ 25,000	\$ 10,000	-60.00%	\$ 10,000	0.00%
5S2	590-622	Medicaid Administration & Oversight	\$ 5,722,591	\$ 6,105,525	\$ 8,000,000	\$ 11,003,855	37.55%	\$ 11,472,335	4.26%
5Z1	322-624	County Board Waiver Match	\$ 36,237,917	\$ 91,958,465	\$ 116,000,000	\$ 116,000,000	0.00%	\$ 126,000,000	8.62%
<b>State Special Revenue Fund Group Total</b>			<b>\$ 61,683,352</b>	<b>\$ 119,281,559</b>	<b>\$ 190,432,221</b>	<b>\$ 192,359,213</b>	<b>1.01%</b>	<b>\$ 204,307,651</b>	<b>6.21%</b>
<b>Mental Retardation and Developmental Disabilities, De</b>			<b>\$ 1,138,287,424</b>	<b>\$ 1,159,603,894</b>	<b>\$ 1,230,577,100</b>	<b>\$ 1,173,981,084</b>	<b>-4.60%</b>	<b>\$ 1,252,695,175</b>	<b>6.70%</b>