

**S.B. 178**  
**Mandated Study on**  
**MR/DD Facility Closures**

**March 30, 2004**



**Ohio Legislative Service Commission**

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# TABLE OF CONTENTS

<b>INTRODUCTION .....</b>	<b>1</b>
OVERVIEW .....	3
SYSTEM FUNDING .....	3
DEINSTITUTIONALIZATION IN THE UNITED STATES .....	4
DEINSTITUTIONALIZATION IN OHIO .....	5
PAST CLOSURES .....	5
CLOSURE OF SPRINGVIEW AND APPLE CREEK .....	6
INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED .....	7
COMMUNITY MEDICAID WAIVERS .....	9
<b>SECTION 1. THE MANNER IN WHICH THE CLOSURE OF DEVELOPMENTAL CENTERS WOULD AFFECT PUBLIC SAFETY AND THE SAFETY, HEALTH, WELL-BEING, AND LIFESTYLE OF THE CENTERS' RESIDENTS AND THEIR FAMILY MEMBERS .....</b>	<b>12</b>
METHODOLOGY .....	12
THE SELF-DETERMINATION PROJECT AND INDIVIDUALS RELOCATED FROM SPRINGVIEW AND APPLE CREEK.....	12
PUBLIC SAFETY.....	17
LIFESTYLE.....	19
LITERATURE REVIEW .....	20
<b>SECTION 2. THE AVAILABILITY OF ALTERNATE FACILITIES .....</b>	<b>33</b>
DEVELOPMENTAL CENTERS .....	33
NUMBER AND CAPACITY OF PRIVATE ICFs/MR AND COMMUNITY RESIDENTIAL FACILITIES .....	34
REPORTED VACANCIES IN PRIVATE ICFs/MR.....	35
REPORTED VACANCIES IN COMMUNITY RESIDENTIAL FACILITIES .....	36
<b>SECTION 3. THE COST EFFECTIVENESS OF SPRINGVIEW AND APPLE CREEK DEVELOPMENTAL CENTERS.....</b>	<b>37</b>
COST EFFECTIVENESS OF SPRINGVIEW AND APPLE CREEK RELATIVE TO OTHER DEVELOPMENTAL CENTERS .....	37
LITERATURE REVIEW – COST EFFECTIVENESS OF COMMUNITY SETTINGS VERSUS DEVELOPMENTAL CENTERS .....	40
<b>SECTION 4. A COMPARISON OF THE COST OF RESIDING AT SPRINGVIEW OR APPLE CREEK DEVELOPMENTAL CENTERS AND THE COST OF THE NEW LIVING ARRANGEMENT.....</b>	<b>45</b>
COST OF SERVICES AT SPRINGVIEW AND APPLE CREEK.....	45



DEVELOPMENTAL CENTERS .....	45
PRIVATE ICFs/MR.....	46
COMMUNITY MEDICAID WAIVERS .....	47
<b>SECTION 5. THE GEOGRAPHIC FACTORS ASSOCIATED WITH SPRINGVIEW AND APPLE CREEK DEVELOPMENTAL CENTERS AND ITS PROXIMITY TO OTHER SIMILAR FACILITIES.....</b>	<b>51</b>
APPLE CREEK.....	51
SPRINGVIEW .....	52
<b>SECTION 6. THE IMPACT OF COLLECTIVE BARGAINING ON FACILITY OPERATIONS.....</b>	<b>56</b>
BACKGROUND – COLLECTIVE BARGAINING .....	56
WAGE COSTS AT STATE DEVELOPMENTAL CENTERS VERSUS PRIVATE FACILITIES .....	57
IMPACT OF COLLECTIVE BARGAINING ON FACILITY CLOSURES .....	59
<b>SECTION 7. THE UTILIZATION AND MAXIMIZATION OF RESOURCES ...</b>	<b>61</b>
UTILIZATION OF RESOURCES .....	61
MAXIMIZATION OF RESOURCES .....	64
<b>SECTION 8. CONTINUITY OF THE STAFF AND ABILITY TO SERVE THE FACILITY POPULATION .....</b>	<b>68</b>
OVERVIEW .....	68
STAFF TO CLIENT RATIOS.....	68
STAFF TURNOVER RATE .....	71
OVERTIME.....	73
EARLY RETIREMENT INCENTIVE PLAN .....	74
<b>SECTION 9. CONTINUING COSTS FOLLOWING CLOSURE OF A FACILITY .....</b>	<b>75</b>
SNOW REMOVAL.....	75
SECURITY.....	76
LAWN CUTTING.....	76
UTILITIES .....	76
PERSONNEL COSTS .....	76
BOILER OPERATIONS.....	77
OTHER COSTS FOLLOWING CLOSURE .....	77
COST OF PROVIDING SERVICES FOR RELOCATED RESIDENTS.....	78
MEDICAID WAIVER COSTS .....	78
COUNTY BOARDS OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ...	79
POTENTIAL REVENUE.....	81
<b>SECTION 10. THE IMPACT OF THE CLOSURES OF SPRINGVIEW AND APPLE CREEK DEVELOPMENTAL CENTERS ON THE LOCAL ECONOMIES .....</b>	<b>82</b>

GENERAL .....	82
EXISTING LITERATURE.....	83
SPRINGVIEW DEVELOPMENTAL CENTER .....	86
APPLE CREEK DEVELOPMENTAL CENTER .....	90

**SECTION 11. ALTERNATIVES AND OPPORTUNITIES FOR CONSOLIDATION WITH OTHER FACILITIES .....94**

REASONABLE CAPACITY.....	94
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**SECTION 12. HOW THE CLOSING OF SPRINGVIEW AND APPLE CREEK DEVELOPMENTAL CENTERS RELATES TO THE DEPARTMENT’S PLAN FOR THE FUTURE OF DEVELOPMENTAL CENTERS IN THIS STATE .....95**

VISION PLAN .....	95
OHIO ACCESS PROJECT .....	96
ROLE OF DEVELOPMENTAL CENTERS .....	98
POPULATION IN DEVELOPMENTAL CENTERS .....	99

**SECTION 13. THE EFFECT OF THE CLOSURE OF SPRINGVIEW AND APPLE CREEK DEVELOPMENTAL CENTERS UPON THE STATE’S FISCAL RESOURCES AND FISCAL STATUS.....100**

COST REDUCTION CALCULATIONS .....	100
COMMUNITY MEDICAID WAIVER MATCH EXPENDITURE CALCULATIONS .....	103

**APPENDICES SECTION**

Appendix I-1	Appendix 3-2	Appendix 7-1	Appendix 11-1
Appendix 1-1	Appendix 4-1	Appendix 7-2	Appendix 13-1
Appendix 1-2	Appendix 6-1	Appendix 7-3	Appendix 13-2
Appendix 1-3	Appendix 6-2	Appendix 7-4	
Appendix 1-4	Appendix 6-3	Appendix 8-1	
Appendix 3-1	Appendix 6-4	Appendix 10-1	

## INTRODUCTION

In accordance with Revised Code section 5123.032 (as enacted by Senate Bill 178 of the 125th General Assembly), when the Governor announces the closing of a developmental center operated by the Department of Mental Retardation and Developmental Disabilities, the Legislative Service Commission (LSC) is required to conduct an independent study of the developmental centers of the Department and the Department's operation of the centers. On written notice to the General Assembly of the Governor's official closure announcement, LSC has 60 days to complete the study. On January 30, 2004, the Governor notified the General Assembly that Springview and Apple Creek developmental centers are to be closed. (See Appendix I-1 for the letter of notification.) Upon receipt, the Commission requested LSC staff to prepare this report.

Section 5123.032 requires that the study address relevant criteria and factors relating to the developmental centers and the Department's operation of them. This staff report is organized by the criteria specified in that section as follows:

- The **Overview** provides background information on issues related to the operation and closure of developmental centers, including system funding, deinstitutionalization of individuals with mental retardation or other developmental disabilities (MR/DD), intermediate care facilities for the mentally retarded (ICFs/MR), and community programs operated under waivers of federal Medicaid regulations;
  - **Section One** examines the manner in which the closure of developmental centers would affect public safety and the safety, health, well-being, and lifestyle of the centers' residents and their family members;
  - **Section Two** covers the availability of alternate facilities;
  - **Section Three** discusses the cost effectiveness of Springview and Apple Creek developmental centers;
  - **Section Four** compares the cost of residing at Springview or Apple Creek and the cost of new living arrangements;
  - **Section Five** identifies the geographic factors associated with each facility and its proximity to similar facilities;
  - **Section Six** considers the impact of collective bargaining on facility operations;
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- **Section Seven** discusses the utilization and maximization of resources;
- **Section Eight** investigates the continuity of the staff and ability to serve the facility population;
- **Section Nine** identifies the continuing costs following the closure of a facility;
- **Section Ten** discusses the impact of the closure on the local economy;
- **Section Eleven** identifies alternatives and opportunities for consolidation with other facilities;
- **Section Twelve** discusses how the closing of Springview and Apple Creek relates to the Department's plans for the future of developmental centers in this state;
- **Section Thirteen** examines the effect of the closure of developmental centers in general on the state's fiscal resources and the specific effect of the closure of Springview and Apple Creek.

### **Overview**

The Ohio Department of Mental Retardation and Developmental Disabilities is the primary state service agency for Ohioans with mental retardation or other developmental disabilities (MR/DD). The Department provides services to approximately 1,900 individuals at 12 regional developmental centers. Services are also provided to approximately 10,000 people through three home and community-based Medicaid service waivers (HCBS): Individual Options (IO), Residential Facilities Waiver (RFW), and Level One.

The Department also provides subsidies to the 88 county boards of mental retardation and developmental disabilities in Ohio for residential and support services. These services include residential support, early intervention and family support, adult vocational and employment services, and service and support administration. In fiscal year (FY) 2003, 68,896 people received support services through programs provided by the county boards. County boards provide residential support to more than 13,000 individuals with MR/DD. There are currently over 18,000 Ohioans with MR/DD on county board waiting lists for Medicaid waiver services.

### **System Funding**

State and local dollars are used to match federal dollars at the federal medical assistance participation (FMAP) rate to fund HCBS Medicaid waivers. For federal fiscal year 2004, Ohio's FMAP rate is 59.23%. (For every dollar Ohio spends, the federal government reimburses approximately 60 cents.) The Centers for Medicare and Medicaid Services (CMS) in the United States Department of Health and Human Services annually sets the FMAP rate.

County boards of mental retardation and developmental disabilities are designated as local Medicaid administrative authorities and are responsible for providing the nonfederal share of HCBS Medicaid waiver costs. In addition, county boards recommend approval or denial of waiver services, approve individual service plans, provide assistance finding qualified providers, contract with providers, monitor quality assurance, and protect the health and safety of clients. County boards are allocated a level of state funding. Approximately 75% of the Department's budget is expended as subsidies to county boards.<sup>1</sup> County boards also rely on local levy dollars. Local moneys constitute 45% of Ohio's total spending on community services for individuals with

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<sup>1</sup> For more information on the Ohio Department of Mental Retardation and Developmental Disabilities' funding and programs, please see: <http://www.lbo.state.oh.us/fiscal/budget/RedbooksSenate/RBS125GA/DMR.pdf>.

MR/DD.<sup>2</sup> Most state funds allocated to county boards and local tax levy dollars are used to match federal dollars to fund the county board programs.

### *Deinstitutionalization in the United States*

Prior to the 1960s, the common placement for individuals with MR/DD was large, institutional facilities segregated from the public. In 1961, President John F. Kennedy appointed the President's Panel on Mental Retardation. The Panel released 95 recommendations, including expanding community services for individuals with MR/DD and downsizing large institutional facilities. The 88th Congress of the United States enacted many of the Panel's recommendations (Pub. L. 88-156 and 88-164), including mandating that states develop comprehensive residential, community, and protective services for individuals with MR/DD.<sup>3</sup> The enactment of these federal laws represented the beginning of the deinstitutionalization movement. "Deinstitutionalization" commonly refers to the process of moving individuals from large, institutional settings into smaller, community settings.

Despite new federal regulations mandating deinstitutionalization, average daily populations in state MR/DD institutions continually rose, peaking at 194,650 in 1967.<sup>4</sup> However, with the enactment of the Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) Program and other federal legislation, coupled with numerous court decisions mandating community treatment options for individuals with MR/DD, state institutional populations began to decrease.<sup>5</sup> By the end of 2002, the national average daily population in state MR/DD institutions was 44,343, a 72.9% decrease since 1960

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<sup>2</sup> Rizzolo, M., Hemp, R., Braddock, D., and Pomeranz-Essley, A. (2004). **The State of the States in Developmental Disabilities: 2004 Study Summary.** Coleman Institute for Cognitive Disabilities and Department of Psychiatry: The University of Colorado. Available at: [http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio\\_page1.html](http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio_page1.html).

<sup>3</sup> Braddock, D. (2002). **Disability at the Dawn of the 21st Century and the State of the States.** American Association on Mental Retardation: Washington D.C.

<sup>4</sup> Ericsson, K. & Mansell, J. (1996). *Introduction: towards deinstitutionalization.* In Jim Mansell & Kent Ericsson (Eds.), **Deinstitutionalization and Community Living: Intellectual disability services in Britain, Scandinavia, and the USA.** Chapman & Hall: London.

<sup>5</sup> Braddock, D. (2002). **Disability at the Dawn of the 21st Century and the State of the States.** American Association on Mental Retardation: Washington D.C. and Bradley, V.J. (1978). **Deinstitutionalization of Developmentally Disabled Persons: A Conceptual Analysis and Guide.** University Park Press: Baltimore.

(see Table 1). Currently, nine states and jurisdictions<sup>6</sup> have closed all public MR/DD institutions and serve all individuals with MR/DD in community-based settings.<sup>7</sup>

1960	1970	1980	1990	2000	2001	2002
163,730	186,743	131,088	84,389	47,592	46,236	44,343

Source: Prouty, R. and Lakin, C.K., (Eds.) (2003). **Residential Services for Persons with Developmental Disabilities: Status and Trends through 2002**. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration: Minneapolis.

Between 1960 and 2002, states operated 356 large MR/DD institutions. During the same time period, 38 states closed a total of 168 MR/DD institutions, leaving 188 institutions operating as of 2002.<sup>8</sup>

### **Deinstitutionalization in Ohio**

In 1965, Ohio's population in state MR/DD institutions (developmental centers) peaked at 10,113. The population in state MR/DD institutions has significantly decreased since then. Between 1965 and 1985, Ohio's MR/DD institutional population decreased to 2,817, a 72.1% decrease. Since 1985, however, the decrease in the institutional population has slowed. In 2002, the number of residents of developmental centers was 1,942, a 31.1% decrease from 1985 (see Table 2).

1960	1965	1970	1975	1980	1985	1990	1995	2000	2002
7,855	10,113	9,501	7,902	5,193	2,817	2,573	2,113	2,001	1,942

Source: Information provided by the Ohio Department of Mental Retardation and Developmental Disabilities

### **Past Closures**

In the last 20 years, Ohio has closed three developmental centers: Orient in 1984, Cleveland in 1988, and Broadview in 1992. Each of these developmental centers had quality of care issues.

<sup>6</sup> Alaska, Washington D.C., Hawaii, Maine, New Hampshire, New Mexico, Rhode Island, Vermont, and West Virginia no longer operate public MR/DD institutions.

<sup>7</sup> Davis, D., Fox-Grage, W., & Gehshan, S. (2000). **Deinstitutionalization of Persons with Developmental Disabilities: A Technical Assistance Report for Legislators**. National Conference of State Legislatures: Denver.

<sup>8</sup> Prouty, R. and Lakin, C.K., (Eds.) (2003). **Residential Services for Persons with Developmental Disabilities: Status and Trends through 2002**. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration: Minneapolis.

The conditions at Orient led to the class action lawsuit *Barbara C., et al. vs. Rudy Magnone, et al.* This case was originally filed to address poor conditions at Orient and sought residential alternatives to the state-operated facility.<sup>9</sup> With the closure, residents were moved to other developmental centers or to community settings. Over half of the residents of Orient at the time of the closure were originally from Hamilton County. This forced the Hamilton County Board of MR/DD to establish residential supports that did not previously exist.

Before its closure, Cleveland Developmental Center had lost its ICF/MR Medicaid certification. When a developmental center loses ICF/MR certification, it loses the federal portion of funding. The developmental center had also been investigated by the United States Department of Justice under the Civil Rights of Institutionalized Persons Act for patient abuse.

Broadview Developmental Center was also scrutinized for the quality of care provided to its residents. As with Cleveland Developmental Center, the federal government had initiated procedures to strip Broadview of its ICF/MR certification. Broadview was able to maintain ICF/MR certification to make the relocation process more manageable. Many Broadview residents were from Cuyahoga County. The Cuyahoga County Board of MR/DD developed residential supports for those residents.

### **Closure of Springview and Apple Creek**

On February 5, 2003, the Department began taking steps to close Springview and Apple Creek developmental centers at the end of FY 2005 and 2006, respectively. At that time, Springview Developmental Center served 86 people and had 170 staff, while the Apple Creek Developmental Center had 181 residents and 381 staff.

Individuals residing in Springview or Apple Creek can move (1) to another developmental center, (2) to a private ICF/MR, or (3) into the community or back with their families with the support of a Medicaid waiver. As of March 1, 2004, 21 individuals have moved from Springview and 44 have moved from Apple Creek. Of the 21 that left Springview, 14 went to another developmental center, 4 moved to a private ICF/MR, 2 moved into the community on a Medicaid waiver, and 1 moved out of state. Of the 44 individuals that left Apple Creek, 27 moved to another developmental center, 8 moved into a private ICF/MR, and 9 moved into the community on a Medicaid waiver.

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<sup>9</sup> After the closing of Orient, each developmental center was required to meet Medicaid ICF/MR standards.



**Intermediate Care Facilities for the Mentally Retarded**

Intermediate care facilities for the mentally retarded services are an optional state Medicaid benefit. Section 1905(d) of the Social Security Act created this benefit for people with mental retardation. Ohio's state Medicaid plan covers ICF/MR services, which allows Ohio to receive federal reimbursement for services provided in certified ICFs/MR. To qualify for Medicaid reimbursement, ICFs/MR must be certified by the Centers for Medicare and Medicaid Services. ICFs/MR must comply with federal standards in eight areas, including management, client protections, facility staffing, active treatment services, client behavior and facility practices, health care services, physical environment, and dietetic services.

**Public ICFs/MR (Developmental Centers)**

Ohio currently operates 12 state developmental centers, which are located regionally throughout Ohio and are accessible to all 88 counties. The developmental centers served approximately 1,892 individuals with MR/DD before the initial closure announcement on February 5, 2003. Individuals served in the developmental centers require comprehensive program, medical, and residential services including skills development, behavior support, and therapy. Each developmental center is Medicaid-certified as an ICF/MR, which signifies compliance with federal standards. Some counties operate ICFs/MR. For the purposes of this report, these facilities are treated as private ICFs/MR.



Source: Ohio Department of Mental Retardation and Developmental Disabilities. Map can be accessed at: [http://odmrdd.state.oh.us/CitizensDoc/Developmental\\_Centers.htm](http://odmrdd.state.oh.us/CitizensDoc/Developmental_Centers.htm)

<b>Developmental Center Populations</b>			
<b>Developmental Center (County)</b>	<b>Census as of 3/15/1999</b>	<b>Census as of 1/29/2001</b>	<b>Census as of 1/21/2003</b>
Apple Creek (Wayne)	193	189	181
Cambridge (Guernsey)	111	110	110
Columbus (Franklin)	150	149	147
Gallipolis (Gallia)	246	238	241
Montgomery (Montgomery)	104	104	100
Mt. Vernon (Knox)	255	241	224
Northwest (Lucas)	170	170	157
Southwest (Clermont)	117	111	107
Springview (Clark)	89	89	86
Tiffin (Seneca)	212	198	183
Warrensville (Cuyahoga)	244	252	240
Youngstown (Mahoning)	120	123	116
<b>Total</b>	<b>2,011</b>	<b>1,974</b>	<b>1,892</b>

### **Private ICFs/MR**

There are approximately 395 licensed private ICFs/MR in Ohio, serving approximately 5,900 individuals with MR/DD. Individuals served in private ICFs/MR receive program, medical, and residential services similar to those in developmental centers. Each private ICF/MR is Medicaid-certified. According to the Ohio Department of Job and Family Services, the occupancy rate for private ICFs/MR, based on the 2002 cost report, was 98.46%.<sup>10</sup>

### **Community Medicaid Waivers**

The Department of Mental Retardation and Developmental Disabilities also provides community services to approximately 10,000 people through three home and community-based services (HCBS) Medicaid waivers: Individual Options (IO), Residential Facilities Waiver (RFW), and Level One.

Individuals leaving a developmental center for a community setting will enroll under an HCBS Medicaid waiver. HCBS waivers allow the institutional requirements of the Medicaid program to be waived and states to collect federal reimbursement for services provided to individuals living in community-based settings. An individual may enroll under an HCBS waiver as long as the individual is Medicaid eligible and the cost of serving the individual, on average, does not exceed the cost of care in an ICF/MR.

<sup>10</sup> The occupancy rate = inpatient days / bed days available.

### Community Access Model Waiver

The Department has submitted to CMS an application for a special home and community-based services Medicaid waiver, called the Community Access Model (CAM) waiver, for (1) current residents of Springview or Apple Creek, (2) residents of other developmental centers whose move to the community creates a vacancy for a resident of Springview or Apple Creek, or (3) residents in private ICFs/MR whose move to the community creates a vacancy for a resident of Springview or Apple Creek. However, CMS has put the CAM waiver on hold until the Department implements a new waiver reimbursement system. As of this writing, the waiver reimbursement system has not been implemented. The Department is working on the new waiver reimbursement system and hopes to have it in place by July 1, 2004. Since CMS has not approved the CAM waiver, the Department has been using IO waiver slots for those individuals who have been relocated to the community.

In most cases, individuals moving to the community on a Medicaid waiver will be on either the CAM waiver, if approved, or the IO waiver. However, individuals could also be enrolled on the Residential Facilities Waiver or the Level One waiver.

If approved, the CAM waiver will have an annual cost cap of approximately \$85,000 and will include the following services that are on other waivers: respite care, environmental accessibility adaptations, transportation, specialized medical equipment and supplies, and homemaker/personal care. The CAM waiver will also include nursing services after Medicaid state plan nursing service maximums have been reached and nursing care oversight, which is a clinical monitoring function available to individuals that require nursing as a waiver service. The CAM waiver will also include community transition services, which will have a one-time cost cap of \$3,500. The individual pays costs associated with room and board. If an individual's projected costs will exceed the CAM waiver's cost cap, the individual cannot be enrolled on the waiver.

The Department has committed to pay the entire nonfederal share of the CAM waiver costs for each individual enrolled on the CAM waiver (approximately \$35,000) and community transition costs (approximately \$1,400). The Department will give the board of the county in which the enrollee resides the entire portion of the nonfederal share of waiver costs up to the cost cap, even if costs for the individual do not reach the cost cap.

### Individual Options Waiver

The Individual Options (IO) waiver is a home and community-based services Medicaid waiver that provides federal financial reimbursement for certain Medicaid services for eligible persons residing in noninstitutional settings. The IO waiver's cost

cap equals the average annual cost in an ICF/MR. The average annual cost in an ICF/MR was \$76,405 in FY 2003. As of March 11, 2004, this waiver provided services to 7,273 individuals with MR/DD. The average annual per enrollee cost of the waiver was \$43,618 in FY 2003. All 88 county boards of mental retardation and developmental disabilities have individuals enrolled under the IO waiver. Services covered include supported employment, adaptive/assistive equipment, environmental modifications, home-delivered meals, personal care, and transportation. The individual pays costs associated with room and board.

### **Residential Facilities Waiver**

The Residential Facilities Waiver (RFW) is a home and community-based services Medicaid waiver. This waiver provides community-based residential services to individuals who cannot live independently. The RFW is an alternative to more costly care in an ICF/MR. Individuals on the waiver are able to live in one of approximately 880 smaller homes licensed by the Department. As of March 11, 2004, the RFW served 2,525 individuals with MR/DD. The average annual per enrollee cost of the waiver was \$34,934 in FY 2003. Services covered include adaptive/assistive equipment, supported employment, and homemaker/personal care. The individual pays costs associated with room and board.

### **Level One Waiver**

The Level One waiver is a home and community-based services Medicaid waiver that provides federal reimbursement for certain Medicaid services to keep individuals in their homes. Individuals on this waiver must have a network of friends, neighbors, or family that can safely and effectively provide the necessary care. The Level One waiver was implemented on April 28, 2003. The Level One waiver currently serves approximately 428 individuals. The Level One waiver has a \$5,000 annual cost cap for homemaker/personal care, institutional respite, informal respite, and transportation. The Level One waiver has a \$6,000 cost cap for personal emergency response systems, specialized medical equipment and supplies, and environmental modifications. The Level One waiver has an \$8,000 cost cap for emergency assistance.

**Section 1. The manner in which the closure of developmental centers would affect public safety and the safety, health, well-being, and lifestyle of the centers' residents and their family members**

**Methodology**

Legislative Service Commission (LSC) staff obtained information on individuals who have been moved from a developmental center through the Self-Determination Project,<sup>11</sup> a program that allows individuals residing in developmental centers to be moved to a community placement supported by a Medicaid waiver, or as a result of the closure of Springview and Apple Creek. LSC staff obtained satisfaction surveys for those individuals participating in the Self-Determination Project both before and after the move.<sup>12</sup>

LSC staff also reviewed major unusual incidents (MUI) reports for those individuals in the Self-Determination Project and those who have left Springview or Apple Creek developmental centers as a result of the closure. Major unusual incident tracking, reporting, and investigation is the fundamental way the Department of Mental Retardation and Developmental Disabilities attempts to ensure the health and safety of its clients. Aggregate MUI data for the whole MR/DD system is also presented in relation to public safety.

Finally, LSC staff reviewed literature on the impact of moving individuals from large, congregate care institutions to smaller, community settings.

**The Self-Determination Project and Individuals Relocated from Springview and Apple Creek**

**Overview**

The information presented below about individuals who left developmental centers through the Self-Determination Project or moved from Springview or Apple Creek because of the planned closure should be treated as case studies. Each

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<sup>11</sup> For more on the Self-Determination Project visit: [http://odmrdd.state.oh.us/Includes/SelfDetermination/SelfDet\\_Main.htm](http://odmrdd.state.oh.us/Includes/SelfDetermination/SelfDet_Main.htm).

<sup>12</sup> Ideally, a study of this nature would include a longitudinal component in which affected residents and family members were surveyed before, during, and after the closure of a developmental center. This would allow researchers to gauge changes in individuals' and family members' safety, health, well-being, and lifestyle during the closure process. However, the short time frame of this study and the time lag between the study's due date and the actual closure of the facilities does not allow for this type of analysis.

individual is unique and encounters unique circumstances in the relocation process. Consequently, LSC staff cannot specifically determine the impact that closure of Springview and Apple Creek developmental centers will have on all residents and their family members.

Generally, studies show that such residents may experience stress from the closure process, and the stress may result in emotional, behavioral, or mental and physical health changes. The overall health of some family members may be affected by the stress associated with the closure process. Frequency of family contact may also be affected by the new location of the former resident.<sup>13</sup>

**Choice of Placement**

LSC staff obtained information on 107 individuals who have moved from a developmental center through the Self-Determination Project or as a result of the planned closure. Of those individuals, 41 moved through the Self-Determination Project and 65 moved as a result of planned closures (21 from Springview and 44 from Apple Creek). Table 1 shows the type of community placement picked by these individuals. Individuals participating in the Self-Determination Project could go only into the community. Individuals from Springview and Apple Creek could choose between a community setting, private intermediate care facility for the mentally retarded (ICF/MR), or another developmental center.

<b>Table 1. Choice of Placement</b>			
	<b>Community Waiver</b>	<b>Private ICFs/MR</b>	<b>Developmental Center</b>
Self-Determination	41	N/A	N/A
Springview <sup>14</sup>	2	4	14
Apple Creek	9	8	27
<b>Totals</b>	<b>52</b>	<b>12</b>	<b>41</b>

Of the 41 individuals participating in the Self-Determination Project, three returned to a developmental center after having difficulties in the new placement. Of the 65 individuals who moved from Springview or Apple Creek because of closure, 11 chose community options (2 from Springview and 9 from Apple Creek), 12 chose private ICFs/MR (4 from Springview and 8 from Apple Creek), and 41 chose another

<sup>13</sup> For further discussion, see the Literature Review section.

<sup>14</sup> One Springview resident moved out of state.

developmental center (14 from Springview and 27 from Apple Creek). One Springview resident moved out of state.

**Satisfaction Surveys**

The Department surveyed individuals participating in the Self-Determination Project after they moved into the community regarding their satisfaction with the services they were receiving. The survey had 17 questions. Each question asked the individual to rank satisfaction with a particular service or support based on the following scale: 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, and 5 = very satisfied.

Table 2 shows the average of responses to each question, matched with the average of responses individuals gave while in developmental centers.<sup>15</sup> The individuals reported the same or increased satisfaction levels in almost every category, when compared to the previous developmental center satisfaction survey, except for access to religious services (question #2) and satisfaction with the provider in encouraging family involvement (question #6).<sup>16</sup>

<b>Question</b>	<b>Developmental Center 2001</b>	<b>Developmental Center 2002</b>	<b>Community Waiver 2003</b>
(1) To what extent are you satisfied with the individual's access and participation in community activities and involvement?	4.40	4.19	4.37
(2) Overall to what extent are you satisfied with the access to religious services?	3.91	3.80	3.75
(3) Overall to what extent are you satisfied with the choices and options presented?	4.28	4.07	4.07
(4) Overall to what extent are you satisfied with individual's use and management of money?	2.08	3.78	4.24
(5) Overall to what extent are you satisfied with individual's access to friends, family, and personal relationships?	4.24	4.19	4.33
(6) How satisfied are you with the provider in their attempts to encourage family involvement?	4.28	4.26	4.16
(7) Overall to what extent are you satisfied with the general physical environment of the home?	4.17	4.33	4.52

<sup>15</sup> Of 42 participants in the Self-Determination Project, 28 completed the satisfaction survey. This represents a response rate of 66.7%. There were two individuals in 2001 and one in 2002 who did not fill out the developmental center survey.

<sup>16</sup> Some questions asked after individuals were placed in the community were not asked in previous developmental center surveys (questions 11a, 11b, 11c, and 16).



<b>Table 2. Self-Determination Satisfaction Survey Results Through October 2003</b>			
<b>Question</b>	<b>Developmental Center 2001</b>	<b>Developmental Center 2002</b>	<b>Community Waiver 2003</b>
(8) How satisfied are you that there is a place/area for the individuals to be alone?	3.88	3.96	4.54
(9) Overall to what extent are you satisfied with the Individual Program Plan (IPP) meetings?	4.33	4.04	4.35
(10) Overall to what extent are you satisfied with the participation of the individual and you in the annual IPP meeting?	4.39	4.19	4.38
(11a) Overall to what extent are you satisfied with the services delivered to the individual by the residential provider? (question not compatible to a single developmental center satisfaction question)	N/A	N/A	4.54
(11b) Overall to what extent are you satisfied with the services delivered to the individual by the day program/vocational provider? (question not compatible to a single developmental center satisfaction question)	N/A	N/A	4.48
(11c) Overall to what extent are you satisfied with the services delivered to the individual by the County Board of Mental Retardation? (question not compatible to a single developmental center satisfaction question)	N/A	N/A	4.52
(12) Overall to what extent are you satisfied with the protection of the individual's rights, including being treated with dignity and respect?	4.28	4.23	4.6
(13) How satisfied are you that the provider responds to and resolves the individual's and your concerns?	4.36	4.04	4.48
(14) Overall to what extent are you satisfied with the safety, security, and protection of the individuals?	4.25	4.31	4.62
(15) How satisfied are you that the provider notifies you and responds in a timely manner to unusual incidents?	4.16	4.08	4.22
(16) Overall to what extent are you satisfied with the health services provided to the individual? (question not compatible to a single developmental center satisfaction question)	N/A	N/A	4.62
(17) To what extent are you satisfied with the individual living in the home?	4.28	4.04	4.63

### **Major Unusual Incidents**

The fundamental way the Department attempts to ensure the health and safety of its clients is through the tracking, reporting, and investigation of MUIs. As defined in Ohio Administrative Code section 5123:2-17-02, an MUI is an alleged, suspected, or actual occurrence of an incident that adversely affects the health and safety of an individual, including acts committed or allegedly committed by one individual against another. There are 16 categories of MUIs, including all of the following: alleged physical, sexual, and verbal abuse; alleged neglect; attempted suicide; death; unanticipated hospital admission; injury; law enforcement incidents; medical emergency;

misappropriation; missing person; relocation; rights code; series of similar unusual incidents; and unapproved behavior support (see Appendix 1-1 for MUI rule and associated definitions).

Providers of services are required to document and report all MUIs within 24 hours. Incidents can occur in any setting and include any event that is inconsistent with the individual's normal routine. Incidents are reported to the appropriate county board of mental retardation and developmental disabilities, which is required to investigate the incident and report its findings to the Department.

On notification of an MUI, a county board must contact the jurisdiction's law enforcement agency, the local public children services agency (if the individual is under age 21), the service and support administrator, and, if the MUI occurs at a county board program or county board contracting entity, the licensed provider of residential services of the place in which the individual resides. The Department may conduct a separate review or investigation of any MUI if necessary. If an individual has more than three MUIs in any six-month period, that individual's record is automatically flagged and the Department investigates further.

### **MUI Review**

LSC staff obtained all MUIs reported from calendar year 2001 to March 2004 for each of the 107 individuals who have moved from a developmental center through the Self-Determination Project or from Springview and Apple Creek since the closure announcement on February 5, 2003. Two individuals at Apple Creek and one at Springview were already in the process of moving into the community through the Self-Determination Project, so they are included with the Self-Determination Project results.

The data, presented in Appendix 1-2, suggest some general trends in MUIs. However, it does not enable LSC staff to determine whether the MUIs reported after relocation resulted from the new settings. Because MUI data has limitations, it is impossible to reach such conclusions. First, the aggregate number of MUIs per person is not as important as the type of MUI. For example, new occurrences of injury MUIs after relocation may be an indicator of a health or safety issue, while hospital admissions may be related to an individual's overall health status rather than the residential setting. Second, MUI reporting is not consistent among residential settings. Developmental centers and private ICFs/MR tend to report more MUIs because of Medicaid regulations. In the community, some providers report more MUIs than others.

### **Deaths After Closure Announcement**

Any death of an individual in a developmental center or who is receiving county board services is reported as an MUI. LSC staff looked at the number of reported deaths

at Apple Creek and Springview before and after the closure announcement to see if there was any discernable pattern to the number of deaths.

Table 3 shows the number of deaths at Apple Creek and Springview since 1999. There have been 10 deaths at Apple Creek since the closure announcement, which represents an increase over previous years, but no direct causal link between the closure announcement and the mortality rate can be established.

	1999	2000	2001	2002	2003	2004*
<b>Apple Creek</b>	3	0	3	5	7	3
<b>Springview</b>	2	0	1	3	2	0

\*year-to-date

The Department investigates every death according to statutory guidelines. For a review of the causes of deaths at Apple Creek and the investigation procedures taken by the Department, see Appendix 1-3. Studies show individuals with mental retardation or other developmental disabilities (MR/DD) are naturally predisposed to higher mortality risks because of the nature of their disability. Consequently, mortality rates are very volatile and may vary on a year-to-year basis.<sup>17</sup>

### **Public Safety**

To look at the effect the closure would have on public safety, LSC staff reviewed the MUIs that have occurred since calendar year 2001 by developmental center and county in which they were reported. Based on discussions with the Department's MUI unit, it was determined that the MUI categories that would likely have the most significant impact on public safety are alleged cases of physical and sexual abuse; law enforcement incidents; and misappropriation (See Appendix 1-1 for MUI rule with definitions).

“Alleged physical abuse” refers to the use of physical force that results in physical or serious physical harm, and includes hitting, slapping, pushing, or throwing objects at an individual. “Alleged sexual abuse” refers to allegations of unlawful sexual acts or conduct. “Law enforcement” is any incident in which an individual is charged, incarcerated, or arrested. “Misappropriation,” or “theft,” refers to depriving, defrauding, or otherwise obtaining the property of an individual.

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<sup>17</sup> O'Brien, K.F., & Zaharia, E.S. (1998). *Is it Life Threatening to Live in the Community? Commentary. Mental Retardation*, 36(5), 408-409.

MUIs for alleged cases of physical abuse and sexual abuse are filed when someone believes abuse has taken place. The proper authorities are then required to investigate the allegation. Alleged cases of physical and sexual abuse are subject to the preponderance of the evidence standard of proof. This means that for a case to be substantiated, the allegation must be 50% administratively substantiated. Thus, an MUI alleging physical or sexual abuse can be misleading because it is not proof that the alleged abuse took place. Furthermore, the fact that a case is administratively substantiated as having occurred does not mean that there is enough evidence to justify prosecution.

Table 4 shows the number of MUIs during calendar years 2001-2003 in the categories identified to be the most relevant to public safety: alleged physical abuse, alleged sexual abuse, law enforcement, and misappropriation (see Appendix 1-4 for the full reports and substantiation rates). The following MUI data does not take into account whether the individual with MR/DD was the offender or the victim.

	<b>Alleged Physical Abuse</b>	<b>Alleged Sexual Abuse</b>	<b>Law Enforcement</b>	<b>Misappropriation</b>
<b>Developmental Center</b>	166	15	13	37
Number Substantiated	59	4	N/A	17
Percentage Substantiated	35.5%	26.7%	N/A	45.9%
<b>County Total</b>	4,192	1,819	2,213	2,477
Number Substantiated	1,263	908	N/A	1,218
Percentage Substantiated	30.1%	49.9%	N/A	49.2%
<b>State Total</b>	4,358	1,834	2,226	2,514
<b>Total Substantiated</b>	1,322	912	N/A	1,235
<b>Substantiation Rate</b>	30.3%	49.7%	N/A	49.1%

Note, however, there are cautions that should be considered when looking at these MUI numbers. First, the total number of MUIs is not necessarily an indication of health and safety because of the difference in the number of individuals served in each setting. Between calendar years 2001 and 2003, the average daily membership in the developmental centers was approximately 1,912. In comparison, the average daily membership over the same time period in county programs was 62,220. Thus, by virtue of serving more individuals, significantly larger MUI totals in county programs would be expected.

Second, it is virtually impossible to make comparisons between community and developmental center MUIs. Although the definitions are the same, the frequency of reporting varies significantly. Developmental centers and private intermediate care facilities for the mentally retarded (ICFs/MR) report significantly more MUIs per person because of Medicaid regulations. In addition, certain categories of MUIs are reported

more in the community than in developmental centers because of the differences in environment. For example, law enforcement MUIs (when an individual is charged, arrested, or incarcerated) are virtually nonexistent in developmental centers because many centers have their own police force. Individuals are dealt with at the developmental center and not by local police. Consequently, a law enforcement MUI would not need to be filed. In contrast, community settings are not as restrictive and do not have their own security personnel. If an individual has a brush with the criminal justice system, it is reported as a law enforcement MUI.

Finally, the make-up of individuals served and the types of services and supports provided varies extensively county to county. Thus, it is difficult to compare MUI data between counties. For example, approximately 63% of individuals residing in the community live at home with their families. As one might expect, family reporting of MUIs is very low. Consequently, a county with a higher percentage of individuals living with their families may have lower MUI totals. However, this is not an indication that the quality of services provided in one county is superior to another. Also, private ICFs/MR MUIs are reported under the county in which they operate. As a result, a county with a higher number of private ICFs/MR may have higher MUI numbers because of Medicaid regulations.

Because of the limitations of the data, LSC staff is unable to draw any conclusions as to the effects a developmental center closure will have on public safety. Generally, individuals who move into the community will be in less structured environments and will have lower levels of supervision. Since 1999, most of the intake into developmental centers has been individuals who are dually diagnosed (mental health and mental retardation), have significant aggressive behavioral problems, or pose a significant risk to their own health and safety. If the Department believes that individuals are a threat to the community or to themselves, these individuals will stay in a developmental center.

### *Lifestyle*

The lifestyle of individuals moving from Springview and Apple Creek will change. Individuals moving to another developmental center or to a private ICF/MR will probably not experience significant change in the nature of services and supports but will probably experience changes in lifestyle. The services provided in developmental centers and private ICFs/MR are Medicaid-certified. Both types of facility offer the same services and supports offered at Springview and Apple Creek. Staff will be different, however, as will the physical environment. The individuals will also have new roommates and live with a different group of people. These changes may, of course, result in stress for the affected individuals (see *Literature Review, Transition Effects* section below) although the amount and duration of the stress will vary significantly.

The day program will also change for most individuals. In fiscal year 2003, at Apple Creek only 3 individuals of 175 received habilitation off-grounds. For Springview residents, 44 individuals of 123 received off-grounds habilitation. For individuals receiving off-grounds county board workshop or supported employment services, the day program will stay the same only if the individual remains in the same county. For those not receiving off-ground habilitation, the day program will change.

Based on conversations with the Department, Ohio Legal Rights Service, and county boards of mental retardation and developmental disabilities, it appears that individuals moving from a developmental center to the community will see a significant change in lifestyle. These individuals will be moving to a less restrictive environment. Developmental centers are essentially self-contained. Any service an individual may need is available on the campus. Individuals are taken into the community when possible. In contrast, in a community setting, individuals have to travel to receive services. Individuals in developmental centers also have a very structured lifestyle. In the community, individuals have more control over their own environment. They have more freedoms and are more extensively involved in daily choices, such as roommate choice, type of living arrangement, providers, and activities.

### Literature Review

LSC staff reviewed literature on the impact of moving individuals from large, congregate care institutions to smaller, community settings. It is clear from this literature that the process of moving an individual with MR/DD to a different residential setting is a stressful experience for both the individual and the family members. Relocation stress in the individuals is most commonly manifested in emotional, behavioral, and mental health changes.<sup>18</sup> Most of the studies discussed in the following sections relied on interviews and surveys of individuals with MR/DD before and after a move into the community. However, when dealing with individuals who have MR/DD, interviewing can be difficult. These individuals may be virtually nonverbal or have multiple disabilities that complicate or inhibit effective communication. Furthermore, the interviewer can never be certain that those who speak for an individual adequately

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<sup>18</sup> Braddock, D., & Heller, T. (1985). *The Closure of Mental Retardation Institutions II: Implications. Mental Retardation*, 23(5), 222-229.

represent the individual's opinions.<sup>19</sup> Consequently, many authors question the feasibility and accuracy of interview methods.<sup>20</sup>

Many studies have looked at the general effect of deinstitutionalization on an individual's safety, health, and well-being. However, relatively few have used consistent methods to measure each category. Researchers, instead, have increasingly focused on measuring an individual's overall "quality of life." Quality of life has been conceptualized by some authors as having five domains: (1) physical well-being (including physical health and safety), (2) material well-being (including finance and quality of living environment), (3) social well-being (including social networks and physical and social integration), (4) development and activity (including competence, choice, and activity), and (5) emotional well-being (including mood and self-esteem)."<sup>21</sup>

The literature review discusses studies that have looked at various impacts of deinstitutionalization including (1) health care utilization, (2) medical needs, (3) transition effects, (4) mortality rates, (5) client satisfaction, (6) adaptive behavior, (7) maladaptive behavior, (8) family attitudes towards moving, and (9) impact on family contact.

### Health Care Utilization

Authors have looked at the health care needs of individuals with MR/DD and the extent to which health care services are utilized in community settings. Hayden and DePaepe conducted a literature review of studies on the health care needs of people with

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<sup>19</sup> Conroy, J.W., & Bradley, V.J. (1985). **The Pennhurst Longitudinal Study: A report of five years of research and analysis.** Philadelphia: Temple University Developmental Disabilities Center. Boston: Human Services Research Institute.

<sup>20</sup> Sigelman, C.K. *et al.* (1981). *Issues in Interviewing Mentally Retarded Persons: An Empirical Study.* In Robert H. Bruininks *et al.* (Eds.), **Deinstitutionalization and Community Adjustment of Mentally Retarded People.** American Association on Mental Deficiency: Washington D.C.; Heal, L.W. & Sigelman, C.K. (1990). *Methodological Issues in Measuring the Quality of Life of Individuals with Mental Retardation.* In Robert L. Schalock (Ed.), **Quality of Life: Perspectives and Issues.** American Association on Mental Retardation: Washington D.C.; McGrew, K.S. & Bruininks, R.H. (1994). *A Multidimensional Approach to the Measurement of Community Adjustment.* In Mary F. Hayden and Brian H. Abery (Eds.), **Challenges for a Service System in Transition: Ensuring Quality Community Experiences for Persons with Developmental Disabilities.** Paul H. Brookes Publishing Co.: Baltimore; and Matikka, L. and Vesala, H. (1997). *Acquiescence in quality of life: Interviews with adults who have mental retardation.* **Mental Retardation**, 35(2), 75-82.

<sup>21</sup> Dagan, D., Ruddick, L., & Jones, J. (1998). *A longitudinal study of the quality of life of older people with intellectual disability after leaving hospital.* **Journal of Intellectual Disability Research**, 43(2), 112-121.

intellectual disabilities and possible barriers to integration in the community. The authors report that individuals with significant medical conditions are effectively living in the community and are being provided adequate medical supports. However, the authors found that some individuals had unmet medical needs (see **Medical Needs** section below), while others had difficulty accessing available health services.<sup>22</sup> The literature review led the authors to agree with previous research that, “the delivery of good health care to developmentally disabled people is a medical, not a residential issue.”<sup>23</sup>

Hayden and Kim updated the previous literature review by adding 18 studies conducted between 1989 and 2001 that analyzed the health care needs of people with MR/DD and the extent to which such individuals are or could be receiving services in community settings. The authors found that the overall health of individuals who moved from an institution to the community either improved or remained the same. The authors noted that individuals rated their medical services as either better or the same and that access to these services increased following the move from an institution to the community. The authors conclude that, “there is evidence to indicate that (a) there are individuals with varying degrees of intellectual disabilities and medical care needs living in the community, (b) people with significant medical conditions can be placed and maintained in more normalized community settings, and (c) medical supports can be and are being provided to people with intellectual disabilities and allied medical conditions to enable them to live in the community.”<sup>24</sup>

Heinlein and Fortune reported similar results in their study of 133 deinstitutionalized individuals in Wyoming. Of the 133 individuals, only five returned to institutions. The authors conclude that, “[T]hese results, supporting no differences between those who left...and those who remain, allow the conclusion that individuals

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<sup>22</sup> Hayden, M.F., & Depaepe, P.A. (1991). *Medical conditions, level of care needs, and health related outcomes of persons with mental retardation: A review*. **Journal of the Association of Persons with Severe Handicaps**, 16(4), 188-206.

<sup>23</sup> Bruininks, R.H., Hill, B.K., Lakin, K.C., & White, C. (1985). *Residential services for adults with developmental disabilities*. Logan: Utah State University, Developmental Center for Handicapped Persons, as quoted in Hayden, M.F., & Depaepe, P.A. (1991). *Medical conditions, level of care needs, and health related outcomes of persons with mental retardation: A review*. **Journal of the Association of Persons with Severe Handicaps**, 16(4), 188-206.

<sup>24</sup> Hayden, M.F. and Kim, S.H. (2002). *Health Status, Health Care Utilization Patterns, and Health Care Outcomes of Persons with Intellectual Disabilities: A Review of the Literature*. **Policy Research Brief**, University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration: Minneapolis, 13(1), pp. 8.



with a broad array of handicapping conditions can be served in community-based programs, even in a rural state.”<sup>25</sup>

### Medical Needs

Studies have shown that some individuals living in community settings have had trouble accessing health care services. Hayden and Kim, in their literature review of 18 studies on health care needs and access for individuals with MR/DD, found that unmet medical needs and access to community-based services impeded success for some individuals.<sup>26</sup> Similarly, Spreat and Conroy, in their study of community placements for persons with profound retardation in Oklahoma, found that over 12% of the deinstitutionalized individuals had unmet medical needs after transitioning to the community from an institution.<sup>27</sup>

Authors have also looked at the overall health of individuals living in community settings. Rimmer et al. studied body composition, lipoprotein levels, and health behaviors among ambulatory adults in both institutional and community settings. The authors found distinct differences in the health behaviors and characteristics among the different residential settings. The authors found that individuals living in institutions had the best health risk profile. Individuals in institutions had lower body mass index ratings and body fat levels, consumed less alcohol and cigarettes, and had a better lipoprotein profile than their community counterparts. Rimmer hypothesized that more controlled living arrangements, such as institutions, might be related to improved health characteristics and behaviors.<sup>28</sup>

Likewise, Janicki et al., in a study of the health status of 1,371 adults over 40 years of age living in group homes, observed that individuals had low rates of exercise and

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<sup>25</sup> Heinlein, K.B., & Fortune, J. (1995). *Who Stays, Who Goes? Downsizing the Institution in America's Most Rural State*. **Research in Developmental Disabilities**, 16(3), pp. 175.

<sup>26</sup> Hayden, M.F. and Kim, S.H. (2002). *Health Status, Health Care Utilization Patterns, and Health Care Outcomes of Persons with Intellectual Disabilities: A Review of the Literature*. **Policy Research Brief**, University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration: Minneapolis, 13(1).

<sup>27</sup> Spreat, S., & Conroy, J. (February 2000). *Community Placement for Persons with Significant Cognitive Challenges: An Outcome Analysis*. Brief Report Number 13 of the Oklahoma Outcomes Series. Submitted to the Oklahoma Department of Human Services, Developmental Disabilities Services Division. Rosemont, PA: Center for Outcome Analysis.

<sup>28</sup> Rimmer, J.H., Braddock, D., & Marks, B. (1995). *Health characteristics and behavior of adults with mental retardation residing in three living arrangements*. **Research in Developmental Disabilities**, 16, 489-499.

exhibited high rates of health problems associated with an insufficient diet. Half of the individuals studied were classified as obese according to their body mass index. The authors report that behavioral or health practices deficiencies exhibited by the individuals are likely the result of questionable personal care, diet, and physical conditioning and not the individuals' disabilities. The authors also reported that during the previous year 10% of the individuals had experienced a fall that resulted in tissue damage. Janicki et al. also found that 30% of the individuals studied had been to the emergency room. The authors note, "Although it has been customary in the USA to use ERs for ad hoc treatment of psychiatric and other emergencies for this population, the relationship to accidental injury or undiagnosed medical concerns for this high level of ER usage deserves further investigation."<sup>29</sup>

Robertson et al. had similar findings. The authors, using multivariate regression analysis to identify the key predictors of health risk behaviors for individuals with MR/DD, found that individuals living in the least restrictive environments were more likely to smoke, eat fatty foods, and be obese than adults living in more restrictive environments.<sup>30</sup>

### **Transition Effects**

Authors have looked at the transition effects associated with moving from an institution to a community setting. Some authors have found signs of relocation syndrome<sup>31</sup> and transition shock<sup>32</sup> where stress from moving caused behaviors consistent with psychopathology.<sup>33</sup> Results of longitudinal studies are mixed. Sprent and Conroy,

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<sup>29</sup> Janicki, M.P. et al. (2002). *Health characteristics and health services utilization in older adults with intellectual disability living in community residences*. **Journal of Intellectual Disability Research**, 46(4), pp. 296.

<sup>30</sup> Robertson, J. et al. (2000). *Lifestyle related risk factors for poor health in residential settings for people with intellectual disabilities*. **Research in Developmental Disabilities**, 22, 487-502.

<sup>31</sup> Cochran, W.E., Sran, P.K., & Varano, G.A. (1977). *The relocation syndrome in mentally retarded individuals*. **Mental Retardation**, 15, 10-12, as quoted in Widrick, G.C., Bramley, J.A., & Frawley, P.J. (1997). *Psychopathology in Adults with Mental Retardation Before and After Deinstitutionalization*. **Journal of Developmental and Physical Disabilities**, 9(3), 223-242.

<sup>32</sup> Coffman, T.L., and Harris, M.C. (1980). *Transition shock and adjustments of mentally retarded persons*. **Mental Retardation**, 18, 3-6, as quoted in Widrick, G.C., Bramley, J.A., & Frawley, P.J. (1997). *Psychopathology in Adults with Mental Retardation Before and After Deinstitutionalization*. **Journal of Developmental and Physical Disabilities**, 9(3), 223-242.

<sup>33</sup> Widrick, G.C., Bramley, J.A., & Frawley, P.J. (1997). *Psychopathology in Adults with Mental Retardation Before and After Deinstitutionalization*. **Journal of Developmental and Physical Disabilities**, 9(3), 223-242.

in their study of psychotropic medications used by persons in Oklahoma who transferred from institutions to the community, found the number of persons receiving psychotropic medications after community placement remained essentially the same.<sup>34</sup> Widrick et al. reported similar results, finding medication rates for deinstitutionalized individuals in Vermont to be stable.<sup>35</sup>

In contrast, Conroy et al. found a marked increase in the use of antipsychotic medications for deinstitutionalized individuals in California.<sup>36</sup> Janicki et al. noted similar findings, reporting that individuals living in group homes in New York had relatively high rates of behavioral disturbances and psychopathology.<sup>37</sup>

Matson et al. found psychotropic medications were overused in both institutional and community settings. The authors conducted a ten-year literature review (1990-1999) of studies pertaining to the use of psychotropic medications for individuals with MR/DD. The authors found that a large number of prescriptions for various psychological and behavioral disorder medications were not scientifically based or evaluated properly and, for the most part, did not follow the best practices for individuals with MR/DD. These results applied to both institutions and community placements. Based on scientific literature, only 10-20% of individuals with MR/DD should be receiving psychotropic medications. According to the authors, very few institutions or community agencies have comparable or lower psychotropic medication prescription rates.<sup>38</sup>

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<sup>34</sup> Spreat, S., & Conroy, J. (September 1999). *Use of Psychotropic Medications by People Who Transfer from Institutions to Community Programs*. Report Number 11 in the Oklahoma Outcomes Series. Submitted to: Oklahoma Department of Human Services, Developmental Disabilities Services Division. Rosemont, PA: Center for Outcome Analysis.

<sup>35</sup> Widrick, G.C., Bramley, J.A., & Frawley, P.J. (1997). *Psychopathology in Adults with Mental Retardation Before and After Deinstitutionalization*. **Journal of Developmental and Physical Disabilities**, 9(3), 223-242.

<sup>36</sup> Conroy, J., Seiders, J., & Yuskas, A. (April 1998). *Patterns of Community Placement IV: The Fourth Annual Report on the Outcomes of Implementing the Coffelt Settlement Agreement*. Report Number 17 of the five-year Coffelt Quality Tracking Project. Submitted to: California Department of Developmental Services. Sacramento, CA: Center for Outcome Analysis.

<sup>37</sup> Janicki, M.P. et al. (2002). *Health characteristics and health services utilization in older adults with intellectual disability living in community residences*. **Journal of Intellectual Disability Research**, 46(4), 287-298.

<sup>38</sup> Matson, J.L. et al. (2000). *Psychopharmacology and mental retardation: a 10 year review (1990-1999)*. **Research in Developmental Disabilities**, 21, 263-296.

### Mortality Rates

Authors have also studied changes in mortality rates following deinstitutionalization. Research on mortality rates following deinstitutionalization has been mixed. Early studies found that mortality rates were higher in institutions and lower in community settings, even when the level of disability had been controlled.<sup>39</sup> Conroy and Adler, in their study of deinstitutionalization in Pennsylvania, reported mortality rates among deinstitutionalized individuals to be lower than what would be expected in Pennsylvania institutions or national institutions.<sup>40</sup> Similarly, O'Brien and Zaharia, who studied mortality rates in deinstitutionalized individuals in California, found no increased risk of death associated with a move to the community. Although the authors found statistically significant increases in mortality rates in 1991 and 1992, beginning in 1993 mortality rates for deinstitutionalized individuals were lower or equivalent to those in institutions.<sup>41</sup>

In comparison, in a study of 1,878 deinstitutionalized individuals, Strauss et al. found higher than normal mortality rates in individuals with MR/DD who moved from institutions to community settings.<sup>42</sup> After adjusting for risk factors, the authors found that individuals who moved to the community had a 51% increased mortality rate (67% if cancer deaths were excluded).<sup>43</sup> These results add to earlier findings by Strauss and Kastner, who reported a 72% risk-adjusted increase in mortality rates for deinstitutionalized individuals in California community settings.<sup>44</sup>

Recent critiques of mortality research indicate that comparing mortality rates between residential settings is problematic and should be viewed with caution.<sup>45</sup> Hayden,

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<sup>39</sup> Hayden, M.F. (1998). *Mortality Among People With Mental Retardation Living in the United States: Research Review and Policy Application*. **Mental Retardation**, 36(5), 345-359.

<sup>40</sup> Conroy, J.W. & Adler, M. (1998). *Mortality Among Pennhurst Class Members, 1978 to 1989: A Brief Report*. **Mental Retardation**, 36(5), 380-385.

<sup>41</sup> O'Brien, K.F., & Zaharia, E.S. (1998). *Recent Mortality Patterns in California*. **Mental Retardation**, 36(5), 372-379.

<sup>42</sup> Hayden, M.F. (1998). *Mortality Among People With Mental Retardation Living in the United States: Research Review and Policy Application*. **Mental Retardation**, 36(5), 345-359.

<sup>43</sup> Strauss, D. et al. (1998). *Mortality in Persons With Developmental Disabilities After Transfer Into Community Care*. **American Journal on Mental Retardation**, 102(6), 569-581.

<sup>44</sup> Strauss, D.J., & Kastner, T.A. (1996). *Comparative mortality of people with mental retardation in institutions and the community*. **American Journal on Mental Retardation**, 101, 26-40, as cited in *Ibid*.

<sup>45</sup> Sutherland, G., Couch, M.A., & Iacono, T. (2002). *Health issues for adults with developmental disability*. **Research in Developmental Disabilities**, 23, 422-445.

who examined 24 mortality studies on individuals with MR/DD, found that the most common predictors of mortality included age, level of retardation, ambulation, secondary medical conditions, etiology of mental retardation, presence of a feeding tube, and level of motor skills. The type of residential setting had little predictive value on an individual's mortality risk. As Hayden notes, "Mortality among people with mental retardation increases as the severity of their mental retardation and the incidence of disabling conditions increase, regardless of where they live."<sup>46</sup>

Sutherland et al. also identified problems with mortality research that make generalizing to other populations very difficult. First, old studies may not reflect the current situation. Second, methodological problems exist and the results of such studies are likely to be influenced by the characteristics of the population studied. Lastly, the comparison between institutions and community in itself is vague because neither assumes certain conditions. Sutherland et al. concludes,

Particular settings, by way of their structural, environmental, and social dimensions may directly or indirectly influence the health of an individual, and as a consequence play some role in mortality risk. But living in either the community or in an institution is not a cause of death. Categorization of participants based on whether they live in the community or not may preclude the consideration of more notable influences on mortality risk of people with developmental disability, such as available and accessibility of services in particular communities.<sup>47</sup>

### Satisfaction

Authors have also studied the effect relocation to community settings has on an individual's life satisfaction and behaviors. In 1985, Conroy and Bradley conducted one of the first in-depth longitudinal analyses on the effects of deinstitutionalization. The authors studied the impact of the court-ordered deinstitutionalization of Pennhurst State School and Hospital in Pennsylvania. Conroy and Bradley found statistically significant results showing individuals with MR/DD who moved to community settings expressed

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<sup>46</sup> Hayden, M.F. (1998). *Mortality Among People With Mental Retardation Living in the United States: Research Review and Policy Application*. **Mental Retardation**, 36(5), pp. 356.

<sup>47</sup> Sutherland, G., Couch, M.A., & Iacono, T. (2002). *Health issues for adults with developmental disability*. **Research in Developmental Disabilities**, 23, pp. 426-427.

increased satisfaction with their lives. Individuals still living at Pennhurst showed no significant change in their satisfaction with their living arrangement.<sup>48</sup>

Conroy reported similar results in 569 deinstitutionalized individuals with MR/DD in Connecticut. Conroy found improvements in almost every category measured, leading him to conclude, “the evidence from five years of study, using three different research approaches, was very clear and consistent ... is that people who moved from institutions to community settings were, on average, much better off in almost every way we measured.”<sup>49</sup>

### *Adaptive Behavior*

Kim, Larson, and Lakin reviewed behavioral outcomes in 38 published studies on deinstitutionalization. The authors report that in more than two-thirds of the studies, statistically significant improvements in adaptive behavior were found following an individual’s move into the community. As the authors note, “The studies reviewed here demonstrate strongly and consistently that people who move from institutions to community settings have experiences that help them to improve their adaptive behavior skills.”<sup>50</sup>

Kleinberg and Galligan found similar improvement in adaptive behavior following a move into the community. The authors studied 20 individuals with MR/DD and measured their functional abilities at 0, 4, 8, and 12 months. The results showed consistent improvement in language development, responsibility, domestic activity, and social interaction. The authors hypothesize that the increased functioning can be attributed to a manifestation of behavior that the individual already possessed, but had not expressed in the more restrictive environment. Consequently, the authors conclude that the issue, “is not institution vs. community but custodial vs. therapeutic care ... if a major goal of deinstitutionalization is increased skill acquisition, simply moving people to

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<sup>48</sup> Conroy, J.W., & Bradley, V.J. (1985). **The Pennhurst Longitudinal Study: A report of five years of research and analysis.** Philadelphia: Temple University Developmental Disabilities Center. Boston: Human Services Research Institute.

<sup>49</sup> Conroy, J. (1996). *Results of deinstitutionalization in Connecticut.* In Jim Mansell and Ken Ericsson (Eds.), **Deinstitutionalization and Community Living: Intellectual disability services in Britain, Scandinavia, and the USA.** Chapman & Hall: London.

<sup>50</sup> Kim, S., Larson, S.A., & Lakin, K.C. (1999). *Behavioral Outcomes of Deinstitutionalization for People with Intellectual Disabilities: A Review of Studies Conducted Between 1980 and 1999.* **Policy Research Brief,** University of Minnesota: Minneapolis, Institute on Community Integration, 10(1), pp. 8.

community settings is not enough. Programmatic efforts must be made to teach these individuals how to make use of the new environments.”<sup>51</sup>

Similarly, Schalock et al., in a study of 166 deinstitutionalized individuals with MR/DD in Nebraska, found positive correlations between success in the community and work skills, social behavior, and education and training received in the institution.<sup>52</sup>

### Maladaptive Behavior

Studies also show that individuals with challenging behavior problems are less likely to successfully integrate into the community.<sup>53</sup> Durham, in her experience with deinstitutionalization in Indiana, found many individuals struggled with interpersonal relationships after moving into the community. Several individuals got into fights, had difficulty accepting authority, and had trouble determining appropriate behaviors.<sup>54</sup>

Similarly, Schalock et al. found the primary reasons for reinstitutionalization of individuals in Nebraska included behavior problems such as physical abuse and property destruction.<sup>55</sup>

Haney found similar results in her analysis of empirical studies on successful community integration. Haney found maladaptive behavior to be the most likely factor that influenced whether an individual returned to an institution.<sup>56</sup>

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<sup>51</sup> Kleinberg, J., & Galligan, B. (1983). *Effects of Deinstitutionalization on Adaptive Behavior of Mentally Retarded Adults*. **American Journal of Mental Deficiency**, 88(1), pp. 26.

<sup>52</sup> Schalock, R.L., Harper, R.S., & Genung, T. (1981). *Community Integration of Mentally Retarded Adults: Community Placement and Program Success*. **American Journal of Mental Deficiency**, 85(5), 478-488.

<sup>53</sup> Beadle-Brown, J. & Forrester-Jones, R. (2002). *Social impairment in the “Care in the Community” cohort: the effect of deinstitutionalization and changes over time in the community*. **Research in Developmental Disabilities**, 24, 33-43.

<sup>54</sup> Durham, T.M. (1981). *An Approach to Deinstitutionalization: Our Experience*. In Michael Tracy & Samuel Guskin (Eds.), **Deinstitutionalization: A Reorganization of the Delivery of Services to the Developmentally Disabled**. Indiana University Developmental Training Center: Bloomington.

<sup>55</sup> Schalock, R.L., Harper, R.S., & Genung, T. (1981). *Community Integration of Mentally Retarded Adults: Community Placement and Program Success*. **American Journal of Mental Deficiency**, 85(5), 478-488.

<sup>56</sup> Haney, J.I. (1988). *Toward Successful Community Residential Placements for Individuals with Mental Retardation*. In Laird Heal et al. (Eds.), **Integration of Developmentally Disabled Individuals into the Community**. Paul H. Brookes Publishing Co.: Baltimore.

However, Kim, Larson, and Lakin question the results of early empirical studies that showed problems with challenging behavior after deinstitutionalization. In a review of 38 published studies conducted between 1980 and 1999 that measured behavioral outcomes associated with deinstitutionalization, the authors found consistent evidence that individuals exhibited overall improvements in challenging behavior following deinstitutionalization. The authors postulate that the increased development and utilization of community behavioral supports is one possible explanation for the shift in research findings.<sup>57</sup>

### **Family Attitudes Towards Moving**

The process of moving, whether to another institution or to a community setting, can be a stressful experience for family members of individuals with MR/DD. Families with deinstitutionalized relatives report high stress levels and have resisted such moves.<sup>58</sup> Research consistently shows that families with individuals in public institutions are very satisfied with the public institutions.<sup>59</sup> Spreat et al., in a national survey of families of institutionalized people with MR/DD, found strong support for institutional services. The authors also found strong opposition to community alternatives, reporting that 58.2% of the respondents said they would never, under any circumstances, approve a transfer of their family member into the community.<sup>60</sup>

Larson and Lakin found similar results. In a review of 27 studies of parental attitudes on deinstitutionalization, the authors found that 91.1% of parents surveyed during institutional placement were satisfied with their relative's placement. Of parents

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<sup>57</sup> Kim, S., Larson, S.A., & Lakin, K.C. (1999). *Behavioral Outcomes of Deinstitutionalization for People with Intellectual Disabilities: A Review of Studies Conducted Between 1980 and 1999*. **Policy Research Brief**, University of Minnesota: Minneapolis, Institute on Community Integration, 10(1).

<sup>58</sup> Braddock, D., & Heller, T. (1985). *The Closure of Mental Retardation Institutions II: Implications*. **Mental Retardation**, 23(5), 222-229.

<sup>59</sup> Conroy, J. (September 1999). *Seven Years Later: A Satisfaction Survey of the Families of the Former Residents of Hissom Memorial Center*. Report Number 9 in the Oklahoma Outcomes Series. Submitted to: Oklahoma Department of Human Services, Developmental Disabilities Services Division. Rosemont, PA: Center for Outcome Analysis.

<sup>60</sup> Spreat, S. et al. (1987). *Attitudes Toward Deinstitutionalization: National Survey of Families of Institutionalized Persons with Mental Retardation*. **Mental Retardation**, 25(5), 267-274.



surveyed during institutional placement, 74.2% had negative reactions to deinstitutionalization.<sup>61</sup>

Studies also show that family attitudes towards relocation of a family member change over time. Larson and Lakin noted such changes in parental attitudes following deinstitutionalization. Studies that surveyed parents before and after their child was moved into the community, showed that before the move an average of 15.1% of the parents had positive feelings about their child moving into the community. After the move, 61.8% of the parents had positive opinions of the move.<sup>62</sup>

Grimes and Vitello reported similar results in their study of 32 families who had a relative with MR/DD moved from an institution to the community. The authors' results showed families expressed a significant increase in acceptance of the community placement after the move. However, families indicated that they were less satisfied with the services provided in the community.<sup>63</sup>

Likewise, Conroy, in his longitudinal studies of deinstitutionalization in Pennsylvania, Connecticut, and Oklahoma, consistently found significant, positive change in family attitudes following community placement.<sup>64</sup>

Conroy also found significant change in parent attitudes following deinstitutionalization in California. Before the move, of 185 families, 42 were strongly against the move, 31 were against the move, 29 were in between, 35 were for the move, and 37 were strongly for the move. However, after four years, 4 families remained strongly against the move, 5 against the move, 20 in between, 54 for the move, and 91 strongly for the move.<sup>65</sup>

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<sup>61</sup> Larson, S., and Lakin, K.C. (1991). *Parent Attitudes About Residential Placement Before and After Deinstitutionalization: A Research Synthesis*. **Journal of the Association of Persons with Severe Handicaps**, 16, 25-38.

<sup>62</sup> *Ibid.*

<sup>63</sup> Grimes, S.K. & Vitello, S.J. (1990). *Follow-up Study of Family Attitudes Toward Deinstitutionalization: Three to Seven Years Later*. **Mental Retardation**, 28(4), 219-225.

<sup>64</sup> Conroy, J. (September 1999). *Seven Years Later: A Satisfaction Survey of the Families of the Former Residents of Hisson Memorial Center*. Report Number 9 in the Oklahoma Outcomes Series. Submitted to: Oklahoma Department of Human Services, Developmental Disabilities Services Division. Rosemont, PA: Center for Outcome Analysis.

<sup>65</sup> Conroy, J., Seiders, J., & Yuskas, A. (April 1998). *Patterns of Community Placement IV: The Fourth Annual Report on the Outcomes of Implementing the Coffelt Settlement Agreement*. Report Number 17 of the five-year Coffelt Quality Tracking Project. Submitted to: California Department of Developmental Services. Sacramento, CA: Center for Outcome Analysis.

### Family Contact

According to some authors, maintaining family involvement and contact is central to the well-being of an individual moved from an institution to the community.<sup>66</sup> Authors have looked at the impact deinstitutionalization has on family contact. However, the results have been mixed. Latib et al. did not find a major difference in the number of family visits after an individual moved from an institution to the community. Before deinstitutionalization, 44% of families reported visiting their family member once a month, while 53% reported a monthly visit after the move into the community. The authors also found that 13% reported that their family member came home monthly before deinstitutionalization. After the move, this figure increased modestly to 16%.<sup>67</sup>

In comparison, Grimes and Vitello reported a decrease in family contact following a move into the community, citing problems with distance, work schedules, and arranging visits.<sup>68</sup>

Spreat et al. reported different results. The authors found that deinstitutionalized individuals had more family contact after leaving an institution for the community.<sup>69</sup> Similarly, Conroy reported an increase in family contact, maintained for at least four years, in individuals moving from institutions to community settings in Oklahoma.<sup>70</sup>

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<sup>66</sup> Blacher, J., & Baker, B.L. (1992). *Toward Meaningful Family Involvement in Out-of-Home Placement Settings*. **Mental Retardation**, 30(1), 35-43.

<sup>67</sup> Latib, A., Conroy, J., & Hess, C.M. (1984). *Family attitudes toward deinstitutionalization*. **International Review of Research in Mental Retardation**, 12, 67-93, as cited in *Ibid*.

<sup>68</sup> Grimes, S.K. & Vitello, S.J. (1990). *Follow-up Study of Family Attitudes Toward Deinstitutionalization: Three to Seven Years Later*. **Mental Retardation**, 28(4), 219-225.

<sup>69</sup> Spreat, S., Conroy, J.W., & Rice, D.M. (1998). *Improve Quality in Nursing Homes or Institute Community Placement? Implementation of OBRA for Individuals with Mental Retardation*. **Research in Developmental Disabilities**, 19(6), 507-518.

<sup>70</sup> Spreat, S., & Conroy, J. (September 1999). *The Impact Of Deinstitutionalization On Family Contacts*. Report Number 10 in the Oklahoma Outcomes Series. Submitted to: Oklahoma Department of Human Services, Developmental Disabilities Services Division. Rosemont, PA: Center for Outcome Analysis.

## Section 2. The availability of alternate facilities

Alternate facilities to accommodate the residents of Springview and Apple Creek developmental centers include state-operated developmental centers, private intermediate care facilities for the mentally retarded (ICFs/MR), including county-operated facilities, and community residential facilities.<sup>71</sup> The licensed capacity and number of vacancies in each type of facility is provided below.

### Developmental Centers

Ohio's 12 developmental centers have a licensed capacity of 1,940. Table 1 shows the licensed capacity at each developmental center, excluding Springview and Apple Creek, and the number of vacancies at each center. The total licensed capacity of the ten developmental centers not identified for closure is 1,659 beds. Warrensville has the highest licensed capacity with 247 beds. Montgomery has the lowest licensed capacity with 105.

As Table 1 shows, there are seven developmental centers that have open beds. The total of the open beds is 46. Warrensville has the highest available capacity with 20 open beds. Columbus and Northwest each have seven open beds. The other five developmental centers with available capacity each have fewer than six open beds. Montgomery, Southwest, and Youngstown have no open beds. There are no persons on waiting lists for any of Ohio's developmental centers.

<b>Developmental Center</b>	<b>Licensed Capacity</b>	<b>Open Beds</b>
Cambridge	113	2
Columbus	154	7
Gallipolis	240	1
Montgomery	105	0
Mount Vernon	225	4
Northwest	162	7
Southwest	109	0
Tiffin	187	5
Warrensville	247	20
Youngstown	117	0
<b>Total</b>	<b>1,659</b>	<b>46</b>

\*On February 9, 2004.

<sup>71</sup> Community residential facilities refer to licensed residential facilities that are funded through a Medicaid waiver.

**Number and Capacity of Private ICFs/MR and Community Residential Facilities**

Ohio has 1,327 licensed private ICFs/MR and community residential facilities in 80 counties. Table 2 shows the total number of these facilities and licensed capacity by county. There is a total of 11,549 beds in private ICFs/MR and community residential facilities. The number of facilities in each county ranges considerably. Cuyahoga County has the highest number with 229. Hamilton County has the second highest number with 113. Eight counties have no private ICFs/MR or community residential facilities.

<b>County</b>	<b>Number of Facilities</b>	<b>Number of Beds</b>	<b>County</b>	<b>Number of Facilities</b>	<b>Number of Beds</b>
Adams	0	0	Licking	10	59
Allen	14	101	Logan	7	34
Ashland	2	37	Lorain	32	319
Ashtabula	8	150	Lucas	58	660
Athens	4	45	Madison	2	21
Auglaize	2	41	Mahoning	35	318
Belmont	9	120	Marion	9	62
Brown	10	48	Medina	22	155
Butler	11	214	Meigs	3	6
Carroll	9	91	Mercer	1	8
Champaign	6	48	Miami	8	31
Clark	19	250	Monroe	0	0
Clermont	32	376	Montgomery	47	498
Clinton	2	23	Morgan	1	5
Columbiana	11	88	Morrow	7	40
Coshocton	8	79	Muskingham	7	37
Crawford	4	18	Noble	0	0
Cuyahoga	229	1,313	Ottawa	3	137
Darke	3	60	Paulding	0	0
Defiance	0	0	Perry	9	99
Delaware	5	10	Pickaway	0	0
Erie	18	40	Pike	11	90
Fairfield	13	65	Portage	10	185
Fayette	0	0	Preble	8	114
Franklin	111	1,182	Putnam	3	26
Fulton	3	16	Richland	18	173
Gallia	7	293	Ross	13	43
Geauga	2	41	Sandusky	9	52
Green	7	33	Scioto	14	61
Guernsey	9	147	Seneca	20	271
Hamilton	113	604	Shelby	1	10
Hancock	4	41	Stark	56	417
Hardin	3	15	Summit	66	216
Harrison	1	10	Trumbull	6	162
Henry	2	64	Tuscarawas	11	60
Highland	9	58	Union	3	6

County	Number of Facilities	Number of Beds	County	Number of Facilities	Number of Beds
Hocking	3	23	Vinton	0	0
Holmes	1	12	Warren	14	210
Huron	7	15	Washington	3	24
Jackson	1	8	Wayne	17	251
Jefferson	11	81	Williams	2	16
Knox	23	341	Wood	16	101
Lake	20	318	Wyandot	6	25
Lawrence	2	20			
Van Wert	1	8	<b>Total</b>	<b>1,327</b>	<b>11,549</b>

### **Reported Vacancies in Private ICFs/MR**

Private ICFs/MR are not required to report to the state the number of openings available at those facilities; however, some facilities voluntarily make those numbers available through the Private ICF/MR Vacancy Registry on the Ohio Department of Mental Retardation and Developmental Disabilities' website.<sup>72</sup> Table 3 shows reported vacancies in private ICFs/MR by county with the reported number of facilities and vacancies for each county. On March 1, 2004, there were 41 reported vacancies in 21 private ICFs/MR distributed through 15 counties.

County	Number of Facilities Reporting	Total Number of Vacancies	County	Number of Facilities Reporting	Total Number of Vacancies
Ashtabula	1	4	Montgomery	1	1
Belmont	1	6	Perry	1	1
Clark	2	4	Pike	1	1
Cuyahoga	2	9	Portage	2	2
Fairfield	1	1	Richland	2	3
Franklin	2	3	Trumbull	2	2
Holmes	1	2	Warren	1	1
Lake	1	1	<b>Total</b>	<b>21</b>	<b>41</b>

\*On March 1, 2004.

<sup>72</sup> An updated reported vacancy list is available at <http://odmrdd.state.oh.us/Includes/Vacancy.htm>.

**Reported Vacancies in Community Residential Facilities**

Table 4 shows the distribution of the 46 reported community residential facility vacancies by county. On March 1, 2004, a total of 38 community residential facilities had vacancies in 21 counties.

<b>County</b>	<b>Number of Facilities Reporting</b>	<b>Total Number of Vacancies</b>	<b>County</b>	<b>Number of Facilities Reporting</b>	<b>Total Number of Vacancies</b>
Ashtabula	1	1	Jefferson	1	1
Butler	1	1	Knox	6	10
Clark	2	2	Lucas	1	1
Clermont	1	1	Mahoning	1	1
Columbiana	1	2	Medina	2	2
Cuyahoga	1	2	Montgomery	2	2
Franklin	2	2	Perry	1	1
Hamilton	6	6	Portage	1	1
Hancock	1	2	Richland	1	1
Hardin	1	1	Summit	3	4
Highland	1	1			
Hocking	1	1	<b>Total</b>	<b>38</b>	<b>46</b>

\* On March 1, 2004.

### **Section 3. The cost effectiveness of Springview and Apple Creek developmental centers**

This section estimates the cost effectiveness of providing services to residents at Springview and Apple Creek developmental centers relative to the cost effectiveness of providing services at other developmental centers and in community settings. Because of the complexity in comparing cost effectiveness between developmental centers and community settings, and the short time period permitted for this study, LSC staff adopted two different approaches to estimating cost effectiveness. Regression analysis<sup>73</sup> was used to determine the cost effectiveness of Springview and Apple Creek relative to other developmental centers, while a literature review was used to compare the cost effectiveness of community settings versus developmental centers.

#### **Cost Effectiveness of Springview and Apple Creek Relative to Other Developmental Centers**

##### **Results**

The results of the regression analysis indicate that Apple Creek is not as cost effective as other developmental centers in providing services. The strongest statistical model suggests that Springview is cost effective; however, the inclusion of the administrative full-time equivalent (FTE) employees per resident variable does make it appear less cost effective. It should be noted that the study results represent calendar year 2002. That year was used because it is the most recent data prior to the initial announcement of closures in February 2003. Staffing, resident, and administration changes at the developmental centers since December of 2002 could affect these results.

##### **Discussion of Results**

For developmental centers, cost effectiveness is the ability to provide the necessary services (the effect) at the lowest possible cost. To estimate the cost effectiveness of providing services to developmental center residents, there are two essential components: services and costs. In this analysis, the costs involved in providing services are restricted to operating (variable) costs, or those costs that can be changed in a short time period. These costs are personnel, administration, operational (overhead), and maintenance. Capital (fixed) costs, or costs that do not change in a short period of time, are not included, because they do not affect the cost effectiveness of a developmental center's daily operations.

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<sup>73</sup> Regression analysis is a statistical technique used to find relationships among variables.

Variable costs per resident provide an indication of cost effectiveness. However, cost effectiveness is concerned with providing the best services for the least cost. Variable costs per resident may not be indicative of the actual cost effectiveness of each developmental center. For example, one developmental center may be providing more services than the other developmental centers, thus increasing its per resident variable costs. Or a developmental center may have a number of residents that require fewer services or less medical attention, thus decreasing its per resident operating costs compared to other developmental centers. To deal with these possibilities, LSC staff used regression analysis to attempt to account for differences in variable costs and develop a more accurate comparison of cost effectiveness among the developmental centers.

Table 1 displays the results based on the regression analysis. Those developmental centers that have actual variable costs per resident greater than the predicted costs are estimated to be not cost effective. Those that have actual variable costs per resident less than the predicted costs are estimated to be cost effective. The results in Table 1 are based on the best regression analysis generated from the available data.

<b>Table 1. Estimated Cost Effectiveness</b>			
<b>Developmental Center</b>	<b>Actual Annual Variable Costs Per Resident</b>	<b>Predicted Annual Variable Costs Per Resident</b>	<b>Difference</b>
<b>Apple Creek</b>	<b>\$121,343</b>	<b>\$118,154</b>	<b>\$3,189</b>
Northwest	112,193	109,280	2,913
Southwest	107,825	106,456	1,369
Mt. Vernon	120,872	120,543	328
Youngstown	103,854	103,788	66
Montgomery	106,202	106,214	(12)
Warrensville	103,976	104,054	(78)
<b>Springview</b>	<b>119,943</b>	<b>120,486</b>	<b>(543)</b>
Cambridge	112,853	113,893	(1,040)
Tiffin	115,126	116,744	(1,618)
Gallipolis	107,214	109,069	(1,855)
Columbus	108,636	111,356	(2,720)

The results presented in Table 1 are in order of relative effectiveness from least cost effective to most cost effective. The regression results used were the most statistically sound model LSC staff analyzed and would suggest that direct care FTE employees, the average age of the buildings, and the proportion of ambulatory residents have a statistically significant impact on the variable costs per resident of the developmental centers. Adjusting for these factors, Apple Creek is estimated to be the least cost effective developmental center, with actual variable costs per resident about \$3,200 above the predicted (or estimated effective) value. This result was consistent throughout the data analysis process. In every regression analyzed, Apple Creek had a positive difference between the actual and predicted variable costs (residual).



Springview is cost effective in this analysis; its variable costs per resident were about \$500 below the predicted value. However, the Springview residual results were not as consistent as the Apple Creek results. The inclusion of the administrative FTE employees per client variable in the model tended to switch the sign of the residual from positive to negative. The high value Springview has for this variable is the probable cause of this sensitivity (see Table 1 in Appendix 3-1). Adding the administrative FTE employees per client variable to the regression, results in a positive residual of \$314 for Springview, while Apple Creek's residual remains the highest at \$2,955. With the administrative FTE employees per resident variable in the regression, Springview is fifth highest in terms of relative cost effectiveness. However, the administrative FTE employees per resident variable is not statistically significant and the regression does not explain as much of the variation in variable costs per resident as the original regression; therefore, it was not included in the cost function.

The results in Table 1 above can also provide some insight into what might be affecting variable costs at the developmental centers by comparing the order of the developmental center's actual variable costs to the order of the developmental center's predicted costs. Table 2 depicts this comparison.

<b>Developmental Center</b>	<b>Actual Annual Variable Costs Per Resident</b>	<b>Developmental Center</b>	<b>Predicted Annual Variable Costs Per Resident</b>
<b>Apple Creek</b>	<b>\$121,343</b>	Mt. Vernon	\$120,543
Mt. Vernon	120,872	<b>Springview</b>	<b>120,486</b>
<b>Springview</b>	<b>119,943</b>	<b>Apple Creek</b>	<b>118,154</b>
Tiffin	115,126	Tiffin	116,744
Cambridge	112,853	Cambridge	113,893
Northwest	112,193	Columbus	111,356
Columbus	108,636	Northwest	109,280
Southwest	107,825	Gallipolis	109,069
Gallipolis	107,214	Southwest	106,456
Montgomery	106,202	Montgomery	106,214
Warrensville	103,976	Warrensville	104,054
Youngstown	103,854	Youngstown	103,788

When taking into account direct care FTE employees per resident, the percentage of clients that are ambulatory, and the age of the buildings, Mt. Vernon, Springview, and Apple Creek have the highest predicted variable costs per resident. This is most likely because Mt. Vernon and Springview have the lowest percentage of ambulatory residents. This suggests that as residents, especially those that are not ambulatory, are moved from Springview and Apple Creek to other developmental centers as proposed, the variable costs per resident may increase at the other developmental centers. However, the

percentage of ambulatory residents is correlated with full-time to part-time employee ratio, medical FTE employees per resident, and severity of disability, suggesting that these factors may be captured by this variable and could also play a role in the predicted variable cost per resident estimates.

It is difficult to draw any conclusions from the average age of the buildings and the number of direct care FTE employees per resident. Of the developmental centers, Tiffin and Apple Creek have the oldest buildings, yet Tiffin is cost effective at providing services at a relatively high variable cost per resident. On the other hand, results from this study indicate Apple Creek is both not cost effective and has a high variable cost per resident. These results are most likely because maintenance is a small portion of variable costs among the developmental centers. Changes in these costs because of building age would be small compared to total variable costs, thus building age has a statistically significant, but small in magnitude, impact on the variable costs per resident and the cost measure.

Unlike maintenance costs, payroll is a significant part of variable costs at developmental centers. Direct care FTE employees per resident is the variable that would capture some of the variation among payroll costs at the developmental centers. However, there is little variation in direct care FTE employees per resident across developmental centers, making it difficult to determine how this variable is affecting results. Youngstown has the lowest direct care FTE employees per resident of 2.38, and Apple Creek has close to the highest at 2.83. But Cambridge and Columbus both have direct care FTE employees per resident equal to Apple Creek, yet are more cost effective. It could be that the direct care per resident variable is also capturing other reasons for variations in payroll costs, such as the years of service of the staff members.

More detail on how LSC staff attempted to account for the cost differences among the developmental centers using regression analysis can be found in Appendix 3-1.

### *Literature Review – Cost Effectiveness of Community Settings Versus Developmental Centers*

#### *Results*

A review of the cost effectiveness literature comparing community setting versus developmental centers shows that there are conflicting viewpoints among researchers. Because of these conflicting viewpoints, LSC staff is not able to draw any definitive conclusions about the general cost effectiveness of care at Springview and Apple Creek compared to a community setting. Although the studies reviewed suggest that it is generally cost effective to move clients from an institution to the community, critical assessment of these studies shows that their methodologies are not without problems, thus making their conclusions suspect. Studies that include quality of life and quality of

service measures suggest that community settings are preferable over an institutional setting and add further credence to the idea that community settings are more cost effective. However, these quality measures cannot be reliably valued, so consideration of them further hampers the development of a definitive cost effectiveness comparison.

### Discussion of Results

The cost effectiveness of care at developmental centers cannot be reliably compared with the cost effectiveness of care in a community setting. Walsh et al. discuss the difficulties of such a comparison. The authors note several difficulties when comparing costs between institutions and community settings. The foremost problem is the “intrinsic lack of comparability between institutions and community settings.”<sup>74</sup> Other problems include determining the total cost to society of deinstitutionalization and the impact that staffing costs have on the reliability of published results. These difficulties can cause several methodological problems in studies that attempt to compare institution and community setting costs. As Walsh et al. note:

These problems include (a) the lack of comparability between groups based on biased, nonrandom, or convenience samples; (b) the lack of adequate case-mix controls; (c) differences in data-collection and cost-aggregation methods across groups; (d) the exclusion of critical categories of costs, such as medical expenses, case management, start-up, and capital costs; and (e) extreme variability in costs, cost shifting, and statistical-modeling problems.<sup>75</sup>

These difficulties, along with the time limitations imposed on this study, make it impossible for LSC staff to develop unique cost effectiveness measures for Springview and Apple Creek as compared to care in community settings. Instead, LSC staff used existing studies that investigate the cost differences between developmental centers and community settings. LSC staff reviewed several studies that have attempted to compare the costs between institutional and community settings; however, these studies face the same difficulties as described earlier. LSC staff will not critique the study results presented here, but will include critiques of the studies by other researchers. The focus of this literature review is to note any trends found in the literature and provide the different viewpoints on community versus institutional costs.

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<sup>74</sup> Walsh, K.K., Kastner, T.A., & Green, R.G. (2003). *Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research*. **Mental Retardation**, 41(2), pp. 117.

<sup>75</sup> *Ibid.*

Schalock and Fredericks compared the costs of Fairview (an institutional setting) to five group homes in Oregon. The authors found that the community settings were slightly less expensive than institutions. Schalock and Fredericks note that three factors are mainly attributable to the differences in cost: “needs of the population served; differing compensation patterns for similar resources; and economies of scale or efficiency.”<sup>76</sup> The authors also note that if salaries are equalized, the community settings become more expensive than the institutional setting.<sup>77</sup>

The finding that differences in staffing costs affect the results of cost comparison studies is prevalent in the literature. Walsh et al. note, “the apparent cost savings in community settings, to the extent that it is found, is often directly related to staffing costs.”<sup>78</sup> Stancliffe et al. write “it should be noted that a primary factor associated with the difference [in community versus institutional costs] is the consistently and substantially lower wages paid to direct support staff employed by community services.”<sup>79</sup> Differences in staffing costs between a community setting and an institution can also be found in Ohio. A 1999 study done by the Ohio Provider Resource Association found that the average hourly rate for a therapeutic program worker at a developmental center was greater than the average hourly rate at a private ICF/MR.<sup>80</sup>

Despite the impact that staffing costs have on cost studies, there have been many studies that suggest that a community setting is less expensive than an institution (see Walsh et al. or Stancliffe et al. for a list of references); however, these studies focused on the cost of providing services, not necessarily on the quality of the services provided. Literature in the mid-1990s addressed not only the cost of providing services for people with developmental disabilities in different settings, but also the quality of the services provided and the quality of life for the client.

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<sup>76</sup> Schalock, M. and Fredericks, H.G. (1990). *Comparative Costs for Institutional Services and Services for Selected Populations in the Community*. **Behavioral Residential Treatment**, 5(4), pp. 282.

<sup>77</sup> *Ibid.*

<sup>78</sup> Walsh, K.K., Kastner, T.A., & Green, R.G. (2003). *Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research*. **Mental Retardation**, 41(2), pp. 117.

<sup>79</sup> Stancliffe, R.J. et al. (in press). *The Economics of Deinstitutionalization*. In Roger J. Stancliffe and K. Charlie Lakin (Eds.), **Costs and Outcomes of Services for Persons with Intellectual Disabilities**. Baltimore: Paul H. Brookes, pp. 7.

<sup>80</sup> Ohio Provider Resource Association. (1999). **The Ohio Provider Resource Association 1999 Salary and Benefits Survey**.

Knobbe et al. studied 11 individuals with severe disabilities that were moved from an institution into a community setting. The authors found the community-based programs to be slightly less expensive than a state institution and that the community-based programs improved the clients' quality of life. Knobbe et al. conclude that community placement led to an increased social network and greater access to employment and community activities for the individual.<sup>81</sup> Walsh et al. note that start-up costs and capital costs for the community placement were not included in the costs, suggesting that the initial costs of community placement are likely to be higher than placement in an institution.<sup>82</sup>

Hatton et al. compared the cost and quality of services for 40 adults with multiple disabilities in four service settings. In a study performed in the United Kingdom, the authors found the specialized group home to be the most cost effective model; however, the authors note that quality and cost were diverse within each setting. Hatton et al. conclude that a community-based setting could lead to better community integration and quality of life, so long as there is skilled staff and a commitment to community living principles.<sup>83</sup>

Walsh et al. discuss several other international papers that conclude community settings are more expensive than institutional settings. The authors note that these findings may differ from those in the United States because of differences between the methods of funding between countries. Walsh et al. also note that institutional costs could be higher in the United States because of the deinstitutionalization trend.<sup>84</sup> Stancliffe et al. agree, suggesting that as more residents are moved out of developmental centers, those with greater needs (and thus greater expenses) remain, and the fixed costs of operating the developmental center are divided by a smaller population. This leads to

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<sup>81</sup> Knobbe, C.A. et al. (1995). *Benefit-Cost Analysis of Community Residential Versus Institutional Services for Adults With Severe Mental Retardation and Challenging Behaviors*. **American Journal on Mental Retardation**, 99(5), 533-541.

<sup>82</sup> Walsh, K.K., Kastner, T.A., & Green, R.G. (2003). *Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research*. **Mental Retardation**, 41(2), 103-122.

<sup>83</sup> Hatton, C. et al. (1995). *The Quality and Costs of Residential Services for Adults With Multiple Disabilities: A Comparative Evaluation*. **Research in Developmental Disabilities**, 16(6), 439-460.

<sup>84</sup> Walsh, K.K., Kastner, T.A., & Green, R.G. (2003). *Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research*. **Mental Retardation**, 41(2), 103-122.

higher per client costs and could influence institutional and community cost comparisons.<sup>85</sup>

The literature LSC staff reviewed indicates that, on average, the cost of providing services in the United States may be lower in a community setting than in an institution. Furthermore, the studies suggest that community settings allow the client to be more integrated into society and provide better outcomes. Stancliffe et al. note that “Available US studies of both costs and outcomes of deinstitutionalization reveal a consistent pattern across states and over time of better outcomes and lower costs in the community, consistent with US deinstitutionalization literature on outcomes, and with cost comparison research showing US institutional services to be more costly than community services.”<sup>86</sup> However, Walsh et al.’s critical review of several cost papers resulted in a different conclusion: “Findings do not support the unqualified position that community settings are less expensive than are institutions and suggest that staffing issues play a major role in any cost differences that are identified.”<sup>87</sup> Walsh et al. note that better research needs to be done, especially in terms of accounting for the heterogeneity of needs and services provided among the MR/DD population.<sup>88</sup>

More detail on how LSC staff researched literature to review and the results of the search can be found in Appendix 3-2.

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<sup>85</sup> Stancliffe, R.J. et al. (in press). *The Economics of Deinstitutionalization*, in Roger J. Stancliffe and K. Charlie Lakin (Eds.), **Costs and Outcomes of Services for Persons with Intellectual Disabilities**. Baltimore: Paul H. Brookes.

<sup>86</sup> *Ibid*, pp. 7.

<sup>87</sup> Walsh, K.K., Kastner, T.A., & Green, R.G. (2003). *Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research*. **Mental Retardation**, 41(2), 103.

<sup>88</sup> *Ibid*.

**Section 4. A comparison of the cost of residing at Springview or Apple Creek developmental centers and the cost of the new living arrangement**

This section compares the costs of residing at Springview or Apple Creek developmental centers with the cost of the new placement for the residents of those centers. The information is divided into sections based on the three choices available: another developmental center, a private ICF/MR, and community placement funded through a Medicaid waiver. Tables 1, 2, and 3 show the new placement selected as the first choice for each resident of Springview or Apple Creek.

Once the closure announcement was made, the Department of Mental Retardation and Developmental Disabilities and Springview and Apple Creek administrators began working with families<sup>89</sup> of the residents to determine the type of placement. Through the use of a survey instrument, families were asked to select a first, second, and third choice of placement for the resident. The Department has stated its commitment to trying to accommodate the first choice selection for each resident. However, there were some families who chose as the first choice for the resident to remain at Springview or Apple Creek. This analysis assumes that all residents will move to their first choice of placement. In the case when families chose Springview or Apple Creek, the second choice for placement is assumed.<sup>90</sup> (For specific information on the second and third choices, see Appendix 4-1.)

**Cost of Services at Springview and Apple Creek**

The FY 2003 average per diem for a resident at Springview was \$287.31 (\$104,868 average annual cost). For a resident at Apple Creek the average per diem was \$311.56 (\$113,719 average annual cost).

**Developmental Centers**

Table 1 below shows the first choice for residents choosing to transfer to another developmental center. The second column shows the current number of vacancies at that developmental center. The third column shows the number of residents choosing that particular developmental center. The fourth column shows the average annual cost per resident at that developmental center. There is one resident at Springview for whom a choice has not yet been made. The Department plans to work with that resident’s family

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<sup>89</sup> “Families” includes a legal guardian in cases when one has been appointed.

<sup>90</sup> There is one resident at Springview that moved out of state. The cost of that resident’s care is no longer the responsibility of the state.

to make an appropriate selection for the resident. The Department is assuming that that resident is likely to remain in a developmental center.

For the purposes of this analysis, LSC staff used average annual cost. Actual costs vary by individual according to that individual’s care needs. Moving a resident from one developmental center to another may not necessarily increase the cost to the state even if the new developmental center’s average annual costs are higher. A resident of another developmental center may move to the community to create a vacancy for a resident of Springview or Apple Creek. Moving someone into a waiver program or to a private ICF/MR to make room for a transferring resident may actually result in a net savings to the state. In addition, some transferring residents may be filling existing vacancies. Moving the resident to a vacant bed may only marginally increase the cost of the new facility.

<b>Table 1. Residents Choosing Another Developmental Center</b>			
<b>First Choice</b>	<b>Current Vacancies</b>	<b>Number of Residents</b>	<b>Average FY 2003 Annual Cost</b>
<b>Springview</b>		<b>30*</b>	<b>\$104,868</b>
Columbus	7	1	\$114,176
Gallipolis	1	1	\$100,090
Montgomery	0	23	\$108,387
Mt. Vernon	4	2	\$104,401
Northwest	7	1	\$114,037
Southwest	0	2	\$110,398
<b>Apple Creek</b>		<b>57*</b>	<b>\$113,719</b>
Cambridge	2	6	\$102,908
Columbus	7	1	\$114,176
Mt. Vernon	4	9	\$104,401
Northwest	7	2	\$114,037
Southwest	0	1	\$110,398
Tiffin	5	1	\$113,241
Warrensville	20	3	\$101,156
Youngstown	0	33	\$110,277
No Choice	N/A	1	\$108,139**

\*This number represents the total number of residents currently at that facility choosing another developmental center.

\*\*Since LSC staff is unsure which developmental center the family that made no choice will ultimately choose, the average annual cost of a developmental center in Ohio was used.

**Private ICFs/MR**

Table 2 below shows the first choice for residents choosing to transfer to a private ICF/MR. The second column shows the number of residents choosing either a specific private ICF/MR or the county in which the resident would like placement in a private ICF/MR. The third column shows the FY 2003 average annual cost at that private ICF/MR. When a particular ICF/MR was not specified the average annual cost shown in the table is the statewide average annual cost of a private ICF/MR. The Mueller ICF/MR has separate licenses for each residential building, each with a different rate. Since LSC



staff is unable to determine in which building the individual will be placed, the average annual cost at Mueller was used to reflect average annual cost at that private ICF/MR.

<b>Table 2. Residents Choosing a Private ICF/MR</b>		
<b>First Choice</b>	<b>Number of Residents Choosing that Placement</b>	<b>Average FY 2003 Annual Cost at a Private ICF/MR</b>
<b>Springview</b>	<b>8*</b>	<b>\$104,868</b>
Doty House	1	\$90,064
Wellington	2	\$75,004
Mueller	3	\$75,581
Franklin County	1	\$76,405
Cuyahoga County	1	\$76,405
<b>Apple Creek</b>	<b>17*</b>	<b>\$113,719</b>
Ashland County	1	\$76,405
Cuyahoga County	2	\$76,405
Franklin County	1	\$76,405
Holmes County	1	\$76,405
Stark County	4	\$76,405
Summit County	8	\$76,405

\*This number represents the total number of residents currently at that facility choosing a private ICF/MR.

## **Community Medicaid Waivers**

### **Background**

Individuals leaving a developmental center for a community setting will enroll under a home and community-based services (HCBS) Medicaid waiver. HCBS waivers allow the institutional requirements of the Medicaid program to be waived and states to collect federal reimbursement for the cost of services provided to individuals living in community-based settings. An individual may enroll under an HCBS waiver as long as the individual is Medicaid eligible and the cost of serving the individual does not, on average, exceed the cost in an ICF/MR.

State and local dollars are used to match federal dollars at the federal medical assistance participation (FMAP) rate to fund an HCBS Medicaid waiver. For federal fiscal year 2004, Ohio's FMAP is 59.23%. (For every dollar Ohio spends, the federal government reimburses approximately 60 cents.) The Centers for Medicare and Medicaid Services (CMS) in the United States Department of Health and Human Services sets the FMAP rate annually.

There are three Medicaid waiver programs currently operated by the Department: the Individual Options (IO), Residential Facilities Waiver (RFW), and Level One. For these waiver programs, each county board of mental retardation and developmental disabilities is responsible for providing the nonfederal share of HCBS waiver costs.

County boards may use local dollars as well as their state allocation to provide that share. This analysis includes a discussion of only the waivers that will most likely be utilized by residents transferring as a result of the closure of Apple Creek and Springview (CAM or IO).

**Community Access Model Medicaid Waiver**

The Department has submitted to CMS an application for a special HCBS Medicaid waiver for (1) current residents of Springview or Apple Creek, (2) residents of other developmental centers whose move to the community will create a vacancy for a resident of Springview or Apple Creek, or (3) residents in private ICFs/MR whose move to the community will create a vacancy for a resident of Springview or Apple Creek. If approved, the Community Access Model (CAM) Medicaid waiver will have an annual cost cap of approximately \$85,000 for each individual and will include the following services that are included in other waiver programs: respite care, environmental accessibility adaptations, transportation, specialized medical equipment and supplies, and homemaker/personal care. The CAM waiver will also include nursing services after Medicaid state plan nursing service maximums have been reached and nursing care oversight, which is a clinical monitoring function available to individuals who require nursing as a waiver service. The CAM waiver will also include community transition services, which will have a one-time cost cap of \$3,500 for each individual.<sup>91</sup> An individual whose projected costs will exceed the cost cap cannot be enrolled under the CAM waiver program.

The Department has committed to pay the entire nonfederal share of the waiver costs for each individual enrolled under the CAM waiver (approximately \$35,000) and community transition costs (approximately \$1,400). The Department will give the county board of the county in which the enrollee resides the entire portion of the nonfederal share of waiver costs up to the cost cap for each waiver, even if the individual's costs do not reach the cost cap. According to the Department, this will help the county pay costs associated with the individual that are not included as part of the waiver services, such as adult services and service and support administration.

The Department has also committed capital dollars to the counties to develop housing for individuals transitioning as a result of the developmental center closures. Using state capital dollars, the Department will reimburse the county one-third of the median cost of a house in that county. In addition, the Department will reimburse counties up to \$5,000 for residential renovations, \$10,000 for residential handicap

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<sup>91</sup> Transition costs are one-time only. Therefore, the actual cost for the first year could be as much as \$88,500, but each year thereafter would be capped at \$85,000. The cap would be adjusted annually for inflation.

accessibility modifications, and \$25,000 for any of the 20 counties that still need a handicap accessibility project for their adult services program in order to accept an eligible individual.

The Department had intended to put all residents moving to a Medicaid waiver as a result of the closure of Springview and Apple Creek under a CAM waiver. However, CMS has put the CAM waiver on hold until the Department implements a new waiver reimbursement system. As of this writing, a new waiver reimbursement system has not been implemented. The Department is working to establish the new waiver reimbursement system and hopes to have it in place by July 1, 2004.

Since CMS has not approved the CAM waiver, the Department has been using IO waiver slots for individuals transitioning into the community. However, the IO waiver does not include transition costs. Consequently, the Department will pay 100% (up to the \$3,500 cost cap) for any transitional costs. Had the CAM waiver been approved, the Department would have had to provide only the nonfederal share of transition costs since transition services are allowable under a CAM waiver.

### **Individual Options**

The IO waiver is an HCBS Medicaid waiver that provides federal reimbursement for certain Medicaid services for eligible persons residing in noninstitutional settings. This waiver provides services to approximately 6,870 individuals with mental retardation or other developmental disabilities. The average annual cost per enrollee under the waiver was \$43,618 in FY 2003. All 88 county boards of mental retardation and developmental disabilities have individuals enrolled in the IO waiver. Services covered include supported employment, adaptive/assistive equipment, environmental modifications, home-delivered meals, personal care, and transportation, among others. As with all waivers, the individual pays costs associated with room and board.

Table 3 shows the first choice of county of residents choosing to relocate to the community under a Medicaid waiver. The second column shows the number of residents choosing placement in that specific county. See Appendix 13-2 for detailed estimates of waiver costs.

<b>Table 3. Residents Choosing a Community Medicaid Waiver</b>	
<b>First Choice County</b>	<b>Number of Residents Choosing that County</b>
<b>Residents of Springview</b>	
Clark	16
Champaign	1
Knox	1
Ashland/Richland	1
Greene	1
Jefferson/Carroll	1
<b>Total</b>	<b>21*</b>
<b>Residents of Apple Creek</b>	
Butler	1
Cuyahoga	19
Geauga	1
Hamilton	1
Holmes	1
Lorain	2
Portage	1
Stark	13
Summit	11
Tuscarawas	1
Wayne	1
Any County	3
<b>Total</b>	<b>55*</b>

\*This number represents the total number of residents currently at the facility choosing community placement.

**Section 5. The geographic factors associated with Springview and Apple Creek developmental centers and its proximity to other similar facilities**

The two developmental centers being considered for closure are Apple Creek in Wayne County and Springview in Clark County. Information concerning the proximity of each developmental center to major roads, cities, and other facilities follows. For a picture of each developmental center's location and proximity to major roads and other private intermediate care facilities for the mentally retarded (ICFs/MR) see Maps 1 and 2.

**Apple Creek**

The Apple Creek State Hospital was established on February 14, 1931. In 1974, the hospital became Apple Creek Developmental Center. As of January 21, 2003, there were 181 residents in three residential units.

Apple Creek is situated in Wayne County, which has a population of 111,564 according to the 2000 U.S. Census. Wooster, which is five miles from Apple Creek, is the county seat. Apple Creek's proximity to major road systems and other state-operated developmental centers is shown below.

**Distance to major roads (approximate map distance):**

- 1.5 miles to U.S. Highway 250;
- 2 miles to U.S. Highway 30;
- 5 miles to State Route 83.

**Distance to cities with a population of over 20,000 (approximate map distance):**

- 5 miles from the southern border of Wooster;
- 20 miles from Massillon;
- 50 miles from downtown Cleveland.

**Distance to other state-operated developmental centers (driving distances using MSN Maps & Directions):**

- 48 miles from the Mount Vernon Developmental Center;
- 58 miles from the Warrensville Developmental Center;
- 67 miles from the Cambridge Developmental Center;
- 76 miles from the Youngstown Developmental Center;
- 85 miles from the Tiffin Developmental Center;
- 106 miles from the Columbus Developmental Center;
- 129 miles from the Northwest Ohio Developmental Center;
- 145 miles from the Springview Developmental Center;
- 167 miles from the Montgomery Developmental Center;

- 187 miles from the Gallipolis Developmental Center;
- 214 miles from the Southwest Ohio Developmental Center.

**Numbers of private ICFs/MR in surrounding counties:**

As can be seen from Map 2, Apple Creek is surrounded by counties with varying numbers of private ICFs/MR. The number of ICFs/MR in each county is as follows:

- 0 in Wayne County;
- 1 each in Holmes and Ashland counties;
- 13 in Summit County;
- 19 in Stark County;
- 21 in Medina County.

**Springview**

The land on which the Springview Developmental Center is located was purchased in 1910 for a tuberculosis hospital. In 1965, the entire hospital was purchased by the state of Ohio. It was placed under the jurisdiction of the Division of Mental Retardation in 1972. Springview Developmental Center opened in August of 1975. As of January 21, 2003, there were 86 individuals in one residential building.

Springview is situated in Clark County, which has a population of 144,742 according to the 2000 U.S. Census. Springview is located just east of the city limits of Springfield, the county seat. The developmental center's proximity to major road systems and other state-operated developmental centers is shown below.

**Distance to major roads (approximate map distance):**

- On U.S. Highway 40 near Springfield;
- 3 miles from Interstate 70;
- 6 miles from U.S. Highway 68.

**Distance to cities with a population of over 20,000 (approximate map distance):**

- 3 miles from downtown Springfield;
- 27 miles from downtown Dayton;
- 40 miles from downtown Columbus.

**Distance to other state-operated developmental centers (driving distances using MSN Maps & Directions):**

- 23 miles from the Montgomery Developmental Center;
- 40 miles from the Columbus Developmental Center;

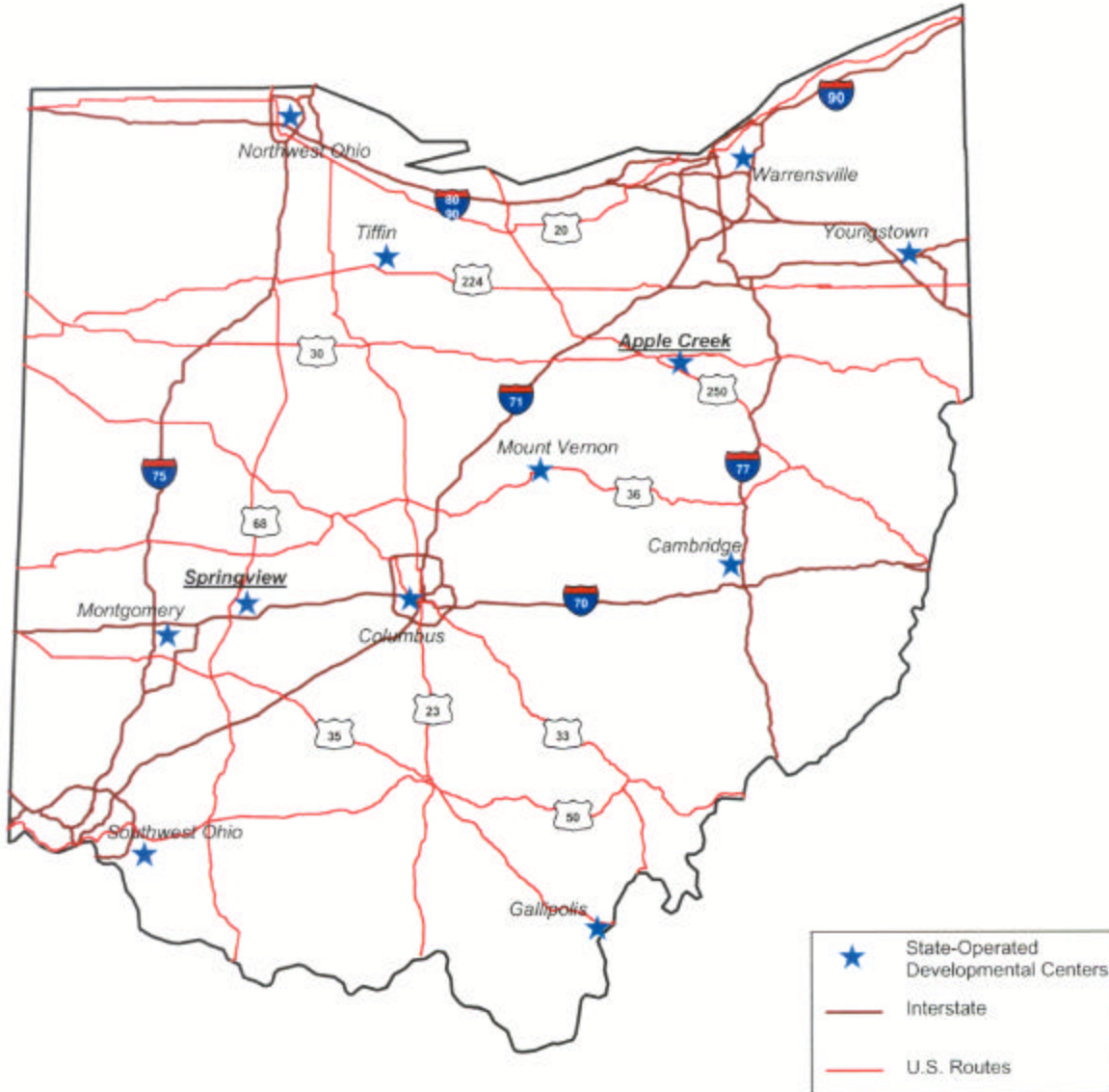
- 95 miles from the Southwest Ohio Developmental Center and from the Mount Vernon Developmental Center;
- 117 miles from the Tiffin Developmental Center;
- 124 miles from the Cambridge Developmental Center;
- 128 miles from the Northwest Ohio Developmental Center;
- 144 miles from the Gallipolis Developmental Center;
- 145 miles from the Apple Creek Developmental Center;
- 185 miles from the Warrensville Developmental Center;
- 209 miles from the Youngstown Developmental Center.

**Numbers of private ICFs/MR in surrounding counties:**

As can be seen from Map 2, Springview is surrounded by counties with varying numbers of private ICFs/MR. The number of ICFs/MR in each county is as follows:

- 0 in Miami County;
- 2 in Madison County;
- 5 in Greene and Champaign counties;
- 9 in Montgomery County;
- 10 in Clark County.

Map 1: State-Operated Developmental Centers and Access to Major Roads

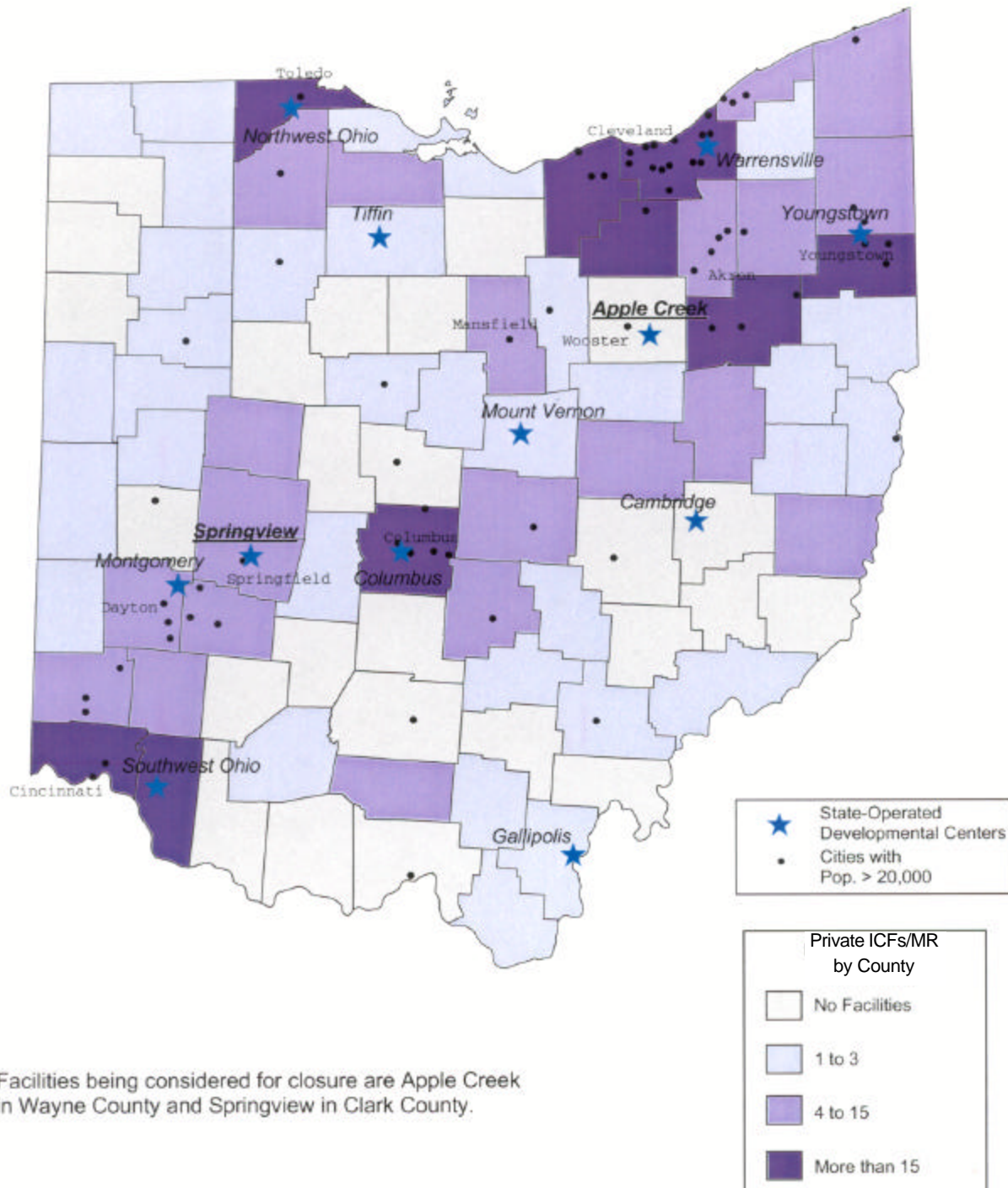


\* Not all U.S. Routes were mapped. U.S. Routes that were mapped were chosen for various reasons, such as proximity to MR/DD Facilities or other major roads.

Facilities being considered for closure are Apple Creek in Wayne County and Springview in Clark County.



Map 2: Number of Private ICFs/MR by County



Facilities being considered for closure are Apple Creek in Wayne County and Springview in Clark County.

**Section 6. The impact of collective bargaining on facility operations**

A key variable to consider when assessing the impact of collective bargaining on facility operations is wage rates. To review this, LSC staff obtained March 2004 payroll data provided by the Department of Mental Retardation and Developmental Disabilities for the 12 state-operated developmental centers. This data was compared to a 1999 salary and benefits study done by the Ohio Provider Resources Association (adjusted for inflation) for privately operated facilities in Ohio. LSC also reviewed the Department's plans for closing facilities, including the costs of carrying out an early retirement incentive plan and administering layoffs, although dates for implementation of either of these steps have yet to be announced.

Although the state appears to offer higher wage scales for bargaining unit employees at developmental centers than do private MR/DD (mental retardation or other developmental disabilities) facilities, it is unclear whether this can be attributed to bargaining unit representation or simply that state wage scales for like positions are higher than those in private MR/DD facilities. However, statutes and the terms of the collective bargaining contracts governing employees at these developmental centers influence many of the facility closure procedures the Department must follow. The provisions with important fiscal implications include an early retirement incentive plan that must be offered under state law, as well as layoff procedures prescribed by collective bargaining agreements.

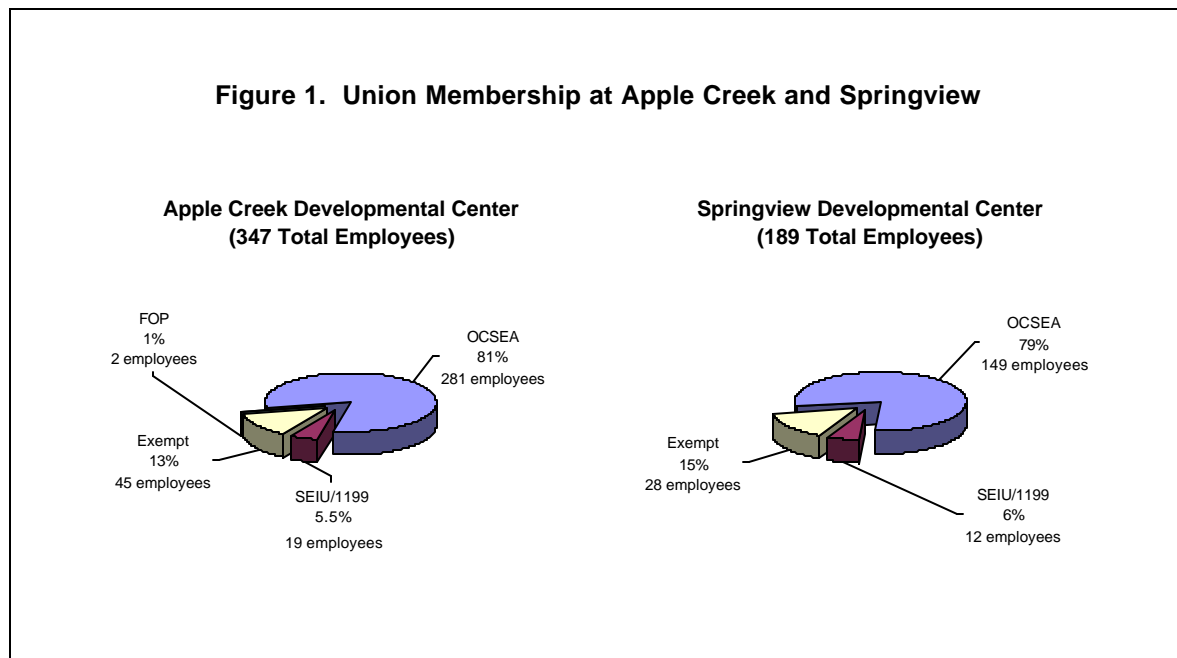
**Background – Collective Bargaining**

Ohio's Public Employee Collective Bargaining Act was passed in 1983, allowing state employees to form labor organizations and negotiate wages and conditions of employment. The Office of Collective Bargaining (OCB) was established in the Department of Administrative Services in 1984. The OCB negotiates the terms of the collective bargaining contracts and represents state agencies in all aspects of collective bargaining, providing a central body of expertise in negotiations and administration of the state's collective bargaining agreements. In addition, the OCB assists in representing state agencies in unfair labor practice and representation cases before the State Employment Relations Board (SERB). Overall, there are five state employee unions representing fifteen bargaining units, covering over 42,000 state employees.

Unionized employees at state developmental centers are represented by one of three labor organizations: the Ohio Civil Service Employees Association (OCSEA), AFSCME, Local 11, AFL-CIO; the Health Care and Social Service Union, SEIU/District 1199; or the Fraternal Order of Police (FOP), Ohio Labor Council, Inc. Unit 2. Of the 189 state employees at Springview, 149 are represented by OCSEA and 12 are represented by SEIU/District 1199 (28 are exempt). Of the 347 employees who work at

Apple Creek, 281 are represented by OCSEA, 19 are represented by SEIU/District 1199, and two are represented by the FOP (45 are exempt).<sup>92</sup> See Figure 1 below.

Exempt employees are those who are statutorily prohibited from inclusion in a bargaining unit. They do, however, have many of the same forms of compensation as the union employees because the state has historically granted employees in exempt status the pay ranges and benefits provided in collective bargaining agreements. These so-called “parity provisions” are usually included in legislation enacted soon after the adoption of collective bargaining agreements.



**Wage Costs at State Developmental Centers Versus Private Facilities**

LSC staff studied wage rates for positions covered by collective bargaining agreements at Springview and Apple Creek, and compare them to wages for similar positions at private facilities. It is apparent from the initial comparison between the state developmental centers and private facilities that wage costs are higher in state-operated developmental centers. This conclusion is based on 2004 payroll data provided by the Department, as well as a 1999 salary and benefits study done by the Ohio Provider Resources Association (OPRA), a nonprofit organization that represents community-

<sup>92</sup>Employee count as of January 24, 2004 obtained from the Ohio Department of Mental Retardation and Developmental Disabilities.

based providers of services to individuals with mental retardation or other developmental disabilities (MR/DD).<sup>93</sup>

Table 1 displays wage comparisons for four positions commonly found in state developmental centers and private MR/DD facilities. Since the private-facility data was from 1999, an inflation factor was used to adjust these wages to 2004 levels. Payroll information was obtained from OPRA’s 1999 Salary & Benefits Survey. Wages were estimated to grow by 10.1% between 1999 and 2004. The estimate of wage growth was made in two stages. First, 1999 wages were inflated to 2001 using Ohio data from the U.S. Bureau of Labor Statistics (BLS) Covered Employment and Wages Program for the intermediate care facilities industry (SIC 8052); growth from 1999 to 2001 is estimated to account for 6.6% of the total 10.1% estimate. Second, estimated 2001 wages were inflated to 2004 by adjusting the annual growth rate derived in step one using BLS national data on average weekly earnings of production workers in residential mental retardation facilities. The national annual growth rate in wages in the industry slowed significantly after 2001, and a similar slowdown is assumed to have taken place in Ohio. The assumed slowdown accounts for the fact that most of the growth in wages from 1999 to 2004 is estimated to have taken place during the first two years.

<b>Table 1. Comparison of Wage Rates in Public vs. Private MR/DD Facilities Calendar Year 2004</b>		
	<b>Wages in State Developmental Centers*</b>	<b>Average Wages for Similar Positions in Private Facilities</b>
<b>Therapeutic Program Worker</b> – provides direct care services to residents in MR/DD centers	\$12.94 - \$14.26	\$9.16
<b>Resident Care Supervisor 1</b> – directly supervises program personnel	\$15.44 - \$18.97	\$13.02
<b>Licensed Practical Nurse</b> – provides general nursing, direct care, and programming assistance	\$15.50 - \$18.87	\$15.40
<b>Qualified MR Professional</b> – coordinates implementation of client-based habilitation programming and leads coordination and delivery of services	\$18.20 - \$22.76	\$15.25

\*2004 state payroll obtained from the Department of Administrative Services.

Although the state appears to offer higher wage scales for bargaining unit employees at developmental centers than do private MRDD facilities, it is unclear whether this can be attributed to bargaining unit representation or simply that state wage scales for like positions are higher than those wage rates in private MR/DD facilities.

<sup>93</sup> Ohio Provider Resource Association. (1999). **The Ohio Provider Resource Association 1999 Salary and Benefits Survey.**

**Impact of Collective Bargaining on Facility Closures****Layoffs and Bumping Rights**

Collective bargaining employees are eligible to “bump” into other positions through the layoff procedures prescribed in their collective bargaining agreements. However, the ability to bump depends on employee seniority and the availability of positions in other developmental centers within the layoff jurisdictions. The two facilities within Apple Creek’s layoff jurisdiction are Warrensville and Youngstown. The two facilities within Springview’s layoff jurisdiction are Montgomery and Southwest.

Layoff procedures begin when an agency submits its rationale for the layoff to the Office of Collective Bargaining in the Department of Administrative Services. Seniority credits are then determined by the agency and the affected unions are notified of the intent to implement a layoff. Once the layoff is announced, depending on the collective bargaining agreement, employees are required to be notified 45 days or 14 days before the layoff. Once notification occurs, the “paper-layoff” begins. This refers to the process in which employees declare their intent, within 5 days, to bump into positions occupied by employees with less seniority. The process continues until employees affected can no longer bump less senior staff. An employee may file a grievance within 14 to 20 days after the receipt of notice or after the final notice of the layoff, depending on the collective bargaining agreement. Exempt employees are not able to bump into positions at other developmental centers. See the flowchart included in Appendix 6-1 for more details about the layoff procedures for each union.

**Early Retirement Incentive Plan**

Revised Code section 145.298 requires state agencies to implement an early retirement incentive plan (ERIP) when planning to close a state institution or institute mass layoffs. According to the Department’s initial plans, it is likely that eligible employees at Springview and Apple Creek will be offered a one-year ERIP, and will be available to employees with 29 or more years of service, 24 or more years of service at age 55, or four or more years of service at age 60. The plan would involve the state buying one full year of service credit, including the Department’s share and the employees’ share of retirement contributions, for the employees opting for the ERIP. Once the rationale for laying-off employees is filed, a hiring freeze goes into effect for Springview and Apple Creek, as well as their respective layoff jurisdictions. If all individuals who are eligible to take advantage of the ERIP choose to retire immediately, it could cause a staffing shortage. At the same time, the hiring freeze could restrict the developmental center’s ability to maintain necessary staffing levels to serve the residents. For these reasons, the Department has decided to proceed cautiously in deciding when to file the layoff rationale with DAS.

As Table 2 shows, according to the Department’s current plans, 96 Apple Creek employees would be eligible for a one-year ERIP, costing an estimated \$1,791,594. Twenty-one Springview employees would be eligible, costing an estimated \$373,265. Assuming that all eligible employees participate in the ERIP, total costs for the one-year ERIP would be \$2,164,859. These costs would be far higher if the plan were expanded to provide two or more years of service credit, since more employees would be eligible.

<b>Table 2. One-Year Early Retirement Incentive Plan Cost Estimates</b>					
<b>Developmental Center</b>	<b>Any Age; 29 Years Service Credit</b>	<b>Age 55; 24 Years Service Credit</b>	<b>Age 60; 4 Years Service Credit</b>	<b>Eligible Employee Total</b>	<b>Estimated Cost at 100% Participation</b>
<b>Apple Creek</b>	63	22	11	96	\$1,791,594
<b>Springview</b>	3	7	11	21	\$373,265

**Employee Survey**

In July 2003 the Department requested that employees at Springview and Apple Creek respond to a one-page survey. This survey asked each employee about his or her employment plans after the closures. According to the Department, the purpose of this survey was to ascertain what interest employees might have at working in other developmental centers. The majority of the exempt and SEIU/District 1199 employees completed this survey. However, acting on their unions’ leadership request, OCSEA and FOP employees did not fill out the survey. Among those who responded to the survey, most indicated a desire to stay in state service. A copy of the survey, the Department’s tally of the results, and a letter from the Director of the Department of Mental Retardation and Developmental Disabilities are included in Appendices 6-2, 6-3, and 6-4, respectively.

## Section 7. The utilization and maximization of resources

This section discusses how the Department of Mental Retardation and Developmental Disabilities utilizes and maximizes its resources regarding developmental centers. The section is divided into two subsections: (1) utilization of resources and (2) maximization of resources. Included in the subsection on utilization of resources are operating expenditures for the mental retardation or other developmental disability (MR/DD) system, sources of funding, operating expenditures for each developmental center, and capital expenditures by residential setting and for each developmental center. Included in the subsection on maximization of resources are measures the Department has implemented to cut costs at developmental centers and maximize federal Medicaid reimbursement.

### Utilization of Resources

#### Operating Expenditures – MR/DD System

Spending for community services for persons with MR/DD has grown steadily in the last 25 years, as spending for care in institutional settings has remained relatively constant. Chart 1 below shows trends in total Ohio MR/DD spending in constant 2002 dollars between community services, individual and family support, and institutional settings.<sup>94</sup> The total amount spent in Ohio's MR/DD system includes local moneys.<sup>95</sup> The increased spending on community services can be largely attributed to the development, utilization, and expansion of federal Medicaid waivers, which were first authorized by the federal government in 1981. In fiscal year (FY) 2002, the national average allocation percentage for community services was 68%. That year, approximately 64% of the total MR/DD spending in Ohio was allocated for community services, which ranked Ohio 32nd in the United States.<sup>96</sup>

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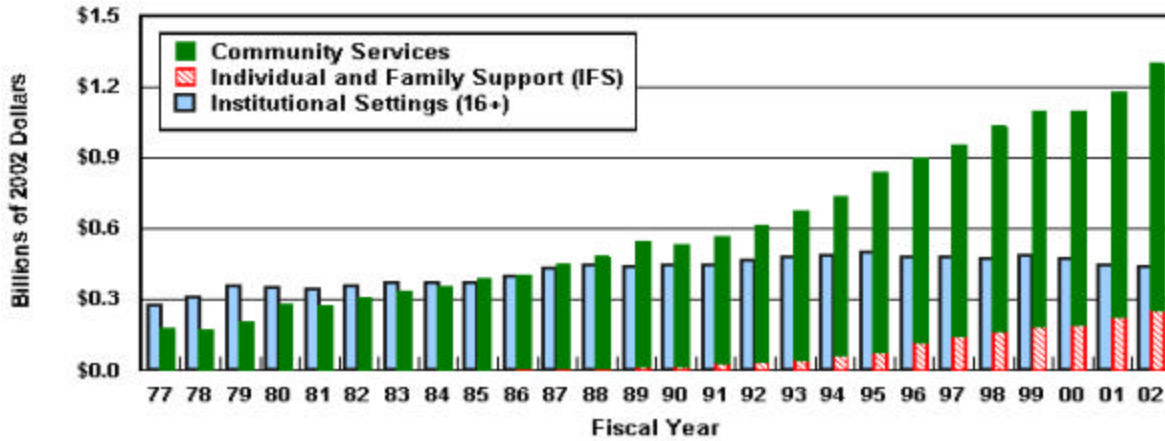
<sup>94</sup> Institution spending includes funds for public and private residential facilities with 16 or more persons; nursing facilities not included. Community spending includes residential programs for 15 or fewer persons and nonresidential community services. Individual and family support, a subcomponent of community services, consists of spending for family support, supported employment, and supported living/personal assistance, as defined in Rizzolo, M., Hemp, R., Braddock, D., and Pomeranz-Essley, A. (2004). **The State of the States in Developmental Disabilities: 2004 Study Summary**. Coleman Institute for Cognitive Disabilities and Department of Psychiatry: The University of Colorado. Available at [http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio\\_page1.html](http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio_page1.html).

<sup>95</sup> Local funds constitute 45% of Ohio's total spending on community services for individuals with MR/DD.

<sup>96</sup> *Ibid.*

Chart 1

**TRENDS IN SPENDING**



Source: Rizzolo, M., Hemp, R., Braddock, D., and Pomeranz-Essley, A. (2004). **The State of the States in Developmental Disabilities: 2004 Study Summary**. Coleman Institute for Cognitive Disabilities and Department of Psychiatry: The University of Colorado. [http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio\\_page1.html](http://www.cu.edu/ColemanInstitute/stateofthestates/Ohio_page1.html).

**Sources of Funding**

Table 1 shows the appropriation line items used to fund developmental centers and the FY 2004 and FY 2005 appropriations for each, as enacted in Amended Substitute House Bill 95 of the 125th General Assembly. The two largest sources of funding are federal Medicaid reimbursement (Fund 3A4) and the General Revenue Fund. See Appendix 7-1 for appropriation history and Appendix 7-2 for a description of each appropriation line item.

Fund	Appropriation Line Item	Appropriation Line Item Name	FY 2004	FY 2005
GRF	323-321	Residential Facilities Operations	\$105,701,254	\$107,252,799
152	323-609	Residential Facilities Support	\$912,177	\$912,177
3A4	323-605	Residential Facilities Reimbursement	\$128,736,729	\$128,831,708
325	323-608	Federal Grants – Subsidies	\$571,381	\$582,809
325	323-617	Education Grants – Residential Facilities	\$425,000	\$425,000
489	323-632	Operating Expense	\$12,125,628	\$12,125,628
<b>Total Funding: Developmental Centers</b>			<b>\$248,472,169</b>	<b>\$250,130,121</b>

**Operating Expenditures – By Developmental Center**

Table 2 shows biennial operating expenditures for each developmental center from FY 1994 through FY 2003. During this period, total operating expenses for all developmental centers have increased 11.66%. Operating expenses for Southwest



Developmental Center and Youngstown Developmental Center increased by 21.78% and 21.35%, respectively. Northwest and Springview increased by 18.40% and 18.00%, respectively. Apple Creek's operating expenses actually decreased by 3.96% since the FY 1994-1995 biennium.

**Table 2. Operating Expenditures by Developmental Center**

	FY 94-95	FY 96-97	FY 98-99	FY 00-01	FY 02-03	Percent Change FY 94-03
<b>Apple Creek</b>	\$45,969,902	\$45,144,250	\$42,034,417	\$43,675,096	\$44,220,236	(3.96)
<b>Cambridge</b>	\$22,762,215	\$22,704,308	\$23,019,473	\$24,302,721	\$25,782,452	11.71
<b>Columbus</b>	\$31,812,009	\$30,557,121	\$31,177,503	\$31,282,073	\$33,224,741	4.25
<b>Gallipolis</b>	\$46,901,373	\$49,824,309	\$50,749,918	\$53,609,735	\$54,100,069	13.31
<b>Montgomery</b>	\$17,804,300	\$19,668,477	\$20,769,987	\$21,761,340	\$21,591,651	17.54
<b>Mt. Vernon</b>	\$54,819,353	\$58,187,233	\$56,267,284	\$58,311,177	\$56,216,896	2.49
<b>Northwest</b>	\$29,837,452	\$33,012,044	\$34,827,466	\$36,569,478	\$36,565,915	18.40
<b>Southwest</b>	\$18,698,868	\$20,793,604	\$21,804,838	\$22,742,440	\$23,906,795	21.78
<b>Springview</b>	\$16,589,041	\$18,597,100	\$18,920,995	\$19,952,191	\$20,229,901	18.00
<b>Tiffin</b>	\$37,705,314	\$40,856,487	\$42,087,336	\$44,697,537	\$45,023,493	16.25
<b>Warrensville</b>	\$44,096,936	\$47,856,568	\$48,895,619	\$51,983,287	\$51,820,255	14.90
<b>Youngstown</b>	\$19,717,767	\$21,720,304	\$23,131,499	\$24,676,662	\$25,069,777	21.35
<b>Totals</b>	\$386,714,530	\$408,921,804	\$413,686,336	\$433,563,736	\$437,752,181	11.66

### Capital Expenditures – By Residential Setting Type

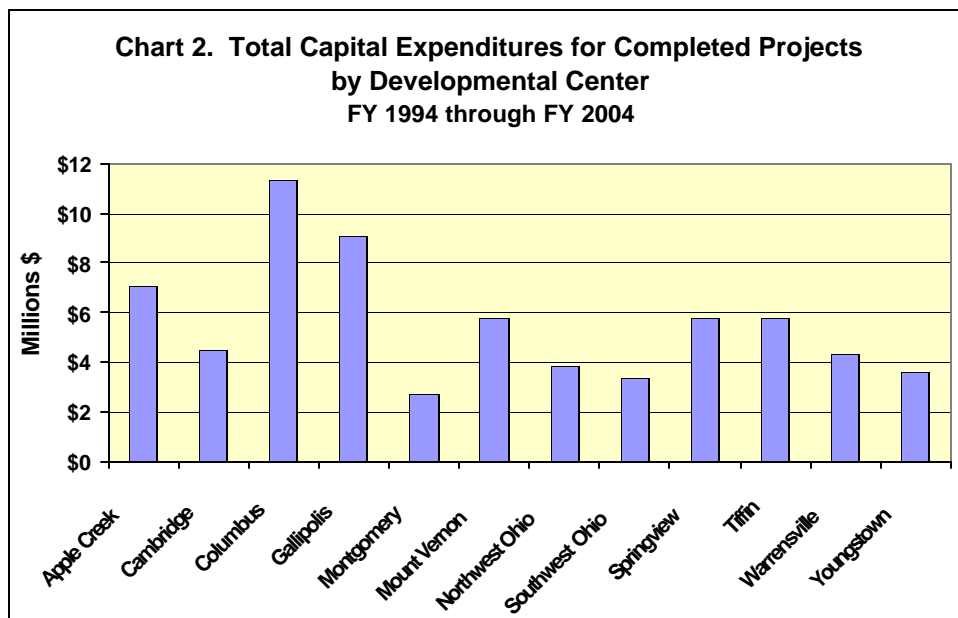
The Department has emphasized community settings in the allocation of its capital budget. As shown in Table 3, since the FY 1991-1992 biennium the percentage of capital moneys allocated between developmental centers and community settings has shifted toward community settings. In the FY 1991-1992 biennium, capital money was evenly split between developmental centers and community settings. However, in the FY 2003-2004 biennium, community settings received 70% of the allocation for MR/DD capital projects.

**Table 3. Capital Expenditures by Residential Setting**

Biennium	Developmental Centers		Community Settings		Capital Appropriation
	Allocation (\$)	Allocation (%)	Allocation (\$)	Allocation (%)	
<b>1991-1992</b>	\$15,187,500	50%	\$15,187,500	50%	\$30,374,500
<b>1993-1994</b>	\$18,271,830	48%	\$19,600,000	52%	\$37,871,830
<b>1995-1996</b>	\$16,667,000	44%	\$21,600,000	56%	\$38,267,000
<b>1997-1998</b>	\$13,480,500	38%	\$22,400,000	62%	\$35,880,500
<b>1999-2000</b>	\$11,432,396	45%	\$13,840,000	55%	\$25,272,396
<b>2001-2002</b>	\$8,618,000	29%	\$21,400,000	71%	\$30,018,000
<b>2003-2004</b>	\$3,959,000	30%	\$9,441,000	70%	\$13,400,000

**Capital Expenditures – By Developmental Center**

Chart 2 shows total capital expenditures for completed projects for each developmental center between FYs 1994-2004. Columbus Developmental Center had the highest capital expenditures in this period, totaling approximately \$11.3 million. Gallipolis had the second highest capital expenditures, totaling approximately \$9.0 million. Apple Creek had the third highest capital expenditures, totaling approximately \$7.1 million. Montgomery expended \$2.8 million in capital money during this period, the lowest amount of any developmental center. For a list of all capital projects completed since 1994 by developmental center, see Appendix 7-3.



**Maximization of Resources**

**Cost-Cutting Measures**

In FY 2001, the Department reassessed each position of employment in its developmental centers and its relevance to the daily mission of the center. Positions providing direct care were exempted from the reassessment. As of May 24, 2002, 383 positions had been reassessed, resulting in the abolition of 150 positions and the layoff of 28 employees. The Department made the largest number of cuts at older facilities that still had certain in-house services such as X-ray technicians and microbiologists (see Appendix 7-4 for a summary by developmental center). In FY 2003, the reassessment process saved approximately \$11 million. The Department continues to review each position as it becomes vacant. The positions that are not central to the developmental center’s mission are left unfilled.

The Department further reduce expenditures at the developmental centers by requiring developmental center-specific revenue and expense reports, reducing personal service contracts, reassigning capital funds to pressing community projects, reducing the vehicle fleet, and consolidating developmental center information technology staff.

The Department also has a cost effectiveness committee, which meets on an as needed basis, that reviews ways the Department can better use and maximize its resources.

### **Springview and Apple Creek Cost-Cutting Measures**

In FY 2003, Springview and Montgomery developmental centers operated a pilot program in which the two developmental centers shared a superintendent, psychologist, speech therapist, occupational therapist, and a physical therapist. However, expansion of the project stopped when the closure of Springview was announced.

At Apple Creek, the Department plans to close Jonathan Hall, which currently houses 20 residents. In 1992, Jonathan Hall housed 117 residents. According to the Department, plans for Jonathan Hall's closure were in place before the Department announced that Apple Creek would be closed. Because of the declining number of residents at Apple Creek, Jonathan Hall's per diem (\$357.25) was the highest of the three residential buildings (Cortland-\$340.91 and Ruby-\$343.00). The medical clinic, dental clinic, and chapel, which are located in Jonathan Hall's basement, will remain open. According to the Department, it would have been too costly to move these facilities to other buildings and savings can still be obtained by closing the remainder of the building.

### **Federal Reimbursement**

Developmental centers receive federal reimbursement for allowable costs associated with the provision of certain Medicaid-eligible services. The amount allowable for reimbursement is capped at a certain amount per day according to a base reimbursement rate. The base rate takes into account direct, ancillary, capital, and operating costs for the year in which the rate was generated and is indexed for inflation. According to the Department, the inflation index built into the reimbursement rates has not been sufficient to keep up with rising operating costs.

Table 4 below shows the allowable Medicaid per diem and the actual cost per diem for FY 2003 at each developmental center. As the table shows, each developmental center exceeded the allowable Medicaid per diem in FY 2003.

**Table 4. Medicaid Allowable and Actual Per Diems**

<b>Developmental Center</b>	<b>Allowable Per Diem FY 2003</b>	<b>Actual Per Diem FY 2003</b>	<b>Variance</b>
Apple Creek	\$311.56	\$347.12	(\$35.56)
Cambridge	\$281.94	\$345.11	(\$63.17)
Columbus	\$312.81	\$340.24	(\$27.43)
Gallipolis	\$274.22	\$327.51	(\$53.29)
Montgomery	\$296.95	\$315.89	(\$18.94)
Mount Vernon	\$286.03	\$363.35	(\$77.32)
Northwest	\$312.43	\$335.84	(\$23.41)
Southwest	\$302.46	\$330.74	(\$28.28)
Springview	\$287.31	\$365.50	(\$78.19)
Tiffin	\$310.25	\$352.70	(\$42.45)
Warrensville	\$277.14	\$288.11	(\$10.97)
Youngstown	\$302.13	\$323.41	(\$21.28)

When costs exceed the allowable Medicaid per diem, other departmental funds must be used to supplement the gap. In previous biennia, the Department had sufficient funds to make up the difference. However, because of budget reductions, the Department is now using cash reserves to make up the difference. According to the Department, the Department’s cash balance, which stood at \$41 million in FY 2001, is projected to be depleted by FY 2005.

The Department recently switched ten developmental centers from multiple residential facility licenses (where each building at the developmental center is licensed) to one license for each developmental center. This allowed the base reimbursement rates to be adjusted to current year levels and increased the allowable Medicaid per diem. This process is referred to as rebasing.

Table 5 shows the allowable Medicaid per diem for each developmental center before and after rebasing. Springview and Warrensville were excluded from the rebasing process. As Table 4 above shows, Warrensville was much closer to the allowable Medicaid per diem in FY 2003 when compared to the other developmental centers. Consequently, the Department concentrated on rebasing the developmental centers that were more significantly exceeding the cost caps. Warrensville will eventually be rebased. Springview has only one residential building and, consequently, could not change its license to trigger the rebasing.

<b>Table 5. Allowable Medicaid Per Diem Before and After Rebasing</b>		
<b>Developmental Center</b>	<b>Allowable Per Diem FY 2003</b>	<b>Projected Allowable Per Diem FY 2004</b>
<b>Apple Creek</b>	\$311.56	\$346.56
<b>Cambridge</b>	\$281.94	\$342.61
<b>Columbus</b>	\$312.81	\$333.03
<b>Gallipolis</b>	\$274.22	\$328.23
<b>Montgomery</b>	\$296.95	\$324.04
<b>Mount Vernon</b>	\$286.03	\$349.39
<b>Northwest</b>	\$312.43	\$321.07
<b>Southwest</b>	\$302.46	\$327.93
<b>Tiffin</b>	\$310.25	\$336.95
<b>Youngstown</b>	\$302.13	\$319.97

Currently, the Department is working with the Ohio Department of Job and Family Services to rewrite the reimbursement rule to allow the current year in which the services are provided to serve as the base year for the allowable Medicaid per diem. The Centers for Medicare and Medicaid Services (CMS) must approve any such rule. According to the Department, if CMS rejects the rule, per diem costs at the developmental centers will approach the allowable Medicaid per diem in the next four years.

## Section 8. Continuity of the staff and ability to serve the facility population

### Overview

In this section, LSC staff examines possible measures of staff coverage and continuity at the state's 12 developmental centers and the potential effect of each on the staff's ability to serve the developmental center's population. The measures include staff to client ratios, staff turnover, and overtime worked.

All developmental centers must meet Medicaid standards for staff to client ratios. This section describes the Medicaid standards and includes information on the percentage of times developmental centers met the standards. In addition, data is included on staff to client ratios for each developmental center, by shift, as well as by facility.

As part of a literature review, LSC staff found a study showing a link between high staff turnover rates and negative consequences to residents.<sup>97</sup> This section contains data on staff turnover at each developmental center. However, this information should be viewed in light of the fact that the literature on this topic is limited to community settings. In addition, there was no standard defining "high turnover."

LSC staff also found as part of its literature review a study showing a link between amount of overtime and quality of care.<sup>98</sup> This subsection includes data on overtime worked at each developmental center. However, the literature on this topic is limited to community settings. LSC staff found no standard defining what constitutes "a large amount of overtime," and overtime data are aggregated by facility, not by individual.

Finally, this section provides information on an early retirement incentive plan. The timing of an offering of early retirement could create a staff shortage affecting the ability to serve the residents at Springview and Apple Creek developmental centers.

### Staff to Client Ratios

#### Medicaid Standards

All developmental centers must meet the standards set by Medicaid for staff to client ratios. The Medicaid guidelines for intermediate care facilities for the mentally

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<sup>97</sup> Hewitt, A., and Lakin, K.C. (May 2001). *Issues in the Direct Support Workforce and their Connections to the Growth, Sustainability and Quality of Community Supports*. A Technical Assistance Paper of the National Project: Self-Determination for People with Developmental Disabilities, University Training Center on Community Living, University of Minnesota.

<sup>98</sup> *Ibid*, pp. 6.

retarded (ICFs/MR) require that there be present and on duty every day of the year one direct care staff for every eight residents on the first shift, one direct care staff for every eight residents on the second shift, and one direct care staff for every sixteen residents on the third shift.<sup>99</sup>

Table 1 shows the minimum direct care staff to client ratio generally maintained at each developmental center for first, second, and third shifts. The number shown represents the number of direct care staff per client for each shift. As the table shows, the developmental centers, on all shifts, exceed Medicaid staffing standards.

<b>Developmental Center</b>	<b>First Shift</b>	<b>Second Shift</b>	<b>Third Shift</b>
<b>Apple Creek</b>	1:3.23	1:3.15	1:5.16
<b>Cambridge</b>	1:3.14	1:4.04	1:7.06
<b>Columbus</b>	1:3.44	1:3.36	1:6.17
<b>Gallipolis</b>	1:4.03	1:4.03	1:7.44
<b>Montgomery</b>	1:4.16	1:4.33	1:8.00
<b>Mt. Vernon</b>	1:3.78	1:3.98	1:6.97
<b>Northwest</b>	1:4.67	1:4.67	1:8.11
<b>Southwest</b>	1:4.08	1:4.08	1:7.57
<b>Springview</b>	1:3.53	1:3.53	1:7.50
<b>Tiffin</b>	1:3.29	1:3.76	1:6.81
<b>Warrensville</b>	1:3.82	1:3.82	1:6.54
<b>Youngstown</b>	1:4.58	1:4.25	1:8.50

<sup>99</sup> “Direct care staff” are personnel whose daily responsibility it is to manage, supervise, and provide direct care to individuals in their residential living units. This staff could include professional staff (*e.g.*, registered nurses, social workers) or other support staff, if their primary assigned daily shift function is to provide management, supervision, and direct care of an individual’s daily needs (*e.g.*, bathing, dressing, feeding, toileting, recreation, and reinforcement of active treatment objectives) in their living units. However, professional staff who simply work with individuals in a living unit on a periodic basis cannot be included. Also, supervisors of direct care staff can be counted only if they share in the actual work of the direct care of individuals. Supervisors whose principle assigned function is to supervise other staff cannot be included.

In addition, as shown in Table 2, the developmental centers have met the Medicaid standard for staffing over 99.5% of the time in fiscal year (FY) 2001 through FY 2003.

Fiscal Year	Percentage Achieved
2001	99.51
2002	99.62
2003	99.71

**Overall Staff to Residents Ratio**

Medicaid requires that each developmental center maintain enough staff to ensure the provision of active treatment for the residents. At Apple Creek Developmental Center, however, the staffing requirements are set by not Medicaid, but by the Sidles Consent Decree, which applies only to Apple Creek. The Sidles Decree was issued as a result of a lawsuit filed against Apple Creek in United States District Court on November 7, 1975. In 1976, it was certified as a class action lawsuit. Among other provisions, staffing requirements for Apple Creek are specified in the Decree. The Decree requires that specified staff ratios be maintained (e.g., Direct Care 1:1, RNs 1:15, etc.). See Appendix 8-1 for specific information on the Sidles Decree.

Table 3 shows the number of full-time direct care, professional, and medical staff for each client at each of the state’s developmental centers. All the developmental centers, including Apple Creek, exceed the ratio of no less than one direct care staff person per resident.

Developmental Center	Direct Care Staff	Professional Staff	Medical Staff
Apple Creek	1.53:1	0.20:1	0.20:1
Cambridge	1.24:1	0.12:1	0.12:1
Columbus	1.39:1	0.08:1	0.11:1
Gallipolis	1.24:1	0.11:1	0.17:1
Montgomery	1.08:1	0.11:1	0.12:1
Mt. Vernon	1.23:1	0.25:1	0.20:1
Northwest	1.12:1	0.18:1	0.17:1
Southwest	1.14:1	0.11:1	0.14:1
Springview	1.46:1	0.16:1	0.31:1
Tiffin	1.34:1	0.17:1	0.16:1
Warrensville	1.43:1	0.12:1	0.12:1
Youngstown	1.03:1	0.24:1	0.11:1

\*FTEs divided by residents.



### Staff Turnover Rate

The high rate of turnover among direct care workers in the field of developmental disabilities has been an on-going problem. With the continuing shift toward deinstitutionalization, most of the research literature available focuses on the direct care staff shortages and turnover in community residential settings. Larson (et al.) found that annual turnover rates for direct support workers in community residential settings ranges from 34% in small publicly operated homes to 70% for small privately operated homes, with most estimates of turnover rates in the 50% to 70% range.<sup>100</sup> Furthermore, Mitchell and Braddock, in their survey of 1,600 residential facilities nationwide, found that turnover was generally higher in private than in publicly operated community facilities. The authors' findings are consistent with other research that has found that turnover of direct care workers in privately operated community facilities has typically been two to three times the rate of turnover in public institutions.<sup>101</sup> Despite the potential differences in turnover rates for different care settings, it may be valuable to review the insights of some researchers regarding staff turnover in community residential settings.

Lord and Pedlar, in their study of deinstitutionalization, found that the residents studied had a very limited social network and considerable dependence on staff members with respect to social and emotional support. The authors go on to suggest that a fairly high rate of staff turnover means that residents cannot be assured of continuity and stability in terms of this source of social support.<sup>102</sup> In addition, Hewitt and Lakin in their research on the direct support workforce reported that, "The growing phenomenon of high staff turnover and associated vacancies have serious negative consequences. Higher staff turnover has been associated with a low morale, absenteeism, and the phenomenon of "burnout" in which staff may stay on the job but without commitment to it."<sup>103</sup>

Table 4 below shows the turnover rate, not including retirements, at each developmental center from September 2001 through December 2003. This information

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<sup>100</sup> Larson, S., Lakin, K.C., and Bruininks, R.H. (1998). **Staff Recruitment and Retention: Study Results and Intervention Strategies**. American Association on Mental Retardation: Washington D.C.

<sup>101</sup> Mitchell, D. and Braddock, D. (1994). *Compensation and Turnover of Direct Care Staff in Developmental Disabilities Residential Facilities in the United States*. **Mental Retardation**, 32(1), 34-42.

<sup>102</sup> Lord, J. and Pedlar, A. (1991). *Life in the Community: Four Years After the Closure of an Institution*. **Mental Retardation**, 29(4), 213-221.

<sup>103</sup> Hewitt A., and Lakin K.C. (May 2001). *Issues in the Direct Support Workforce and their Connections to the Growth, Sustainability and Quality of Community Supports*. A Technical Assistance Paper of the National Project: Self-Determination for People with Developmental Disabilities, University Training Center on Community Living, University of Minnesota, pp.6.

should be viewed in light of the fact that LSC staff found no standard defining “high turnover.”

<b>Developmental Center</b>	<b>Turnover Rate (Percentage)*</b>
<b>Apple Creek</b>	24.46
<b>Cambridge</b>	22.54
<b>Columbus</b>	47.17
<b>Gallipolis</b>	19.88
<b>Montgomery</b>	27.40
<b>Mt. Vernon</b>	26.89
<b>Northwest</b>	25.40
<b>Southwest</b>	53.90
<b>Springview</b>	51.07
<b>Tiffin</b>	13.80
<b>Warrensville</b>	46.30
<b>Youngstown</b>	20.30

\*Turnover rates are from September 2001 through December 2003.

The turnover rates at Columbus, Southwest, Springview, and Warrensville are somewhat higher than at other developmental centers. However, according to the Department, this is expected given that these developmental centers are located in more urban areas, which provide greater employment opportunities.

**Attrition at Springview and Apple Creek**

Staff reductions at Apple Creek and Springview have occurred proportionately with the decreasing facility population. The rate of attrition has enabled these developmental centers to remain fully staffed without the need to layoff or hire additional staff. Once the Department announced that Springview and Apple Creek will be closing, the census (number of residents) at each of these developmental centers began decreasing as residents began to be moved to other settings. Table 5 shows the census reduction at each of these developmental centers and the reduction in staff.

	<b>Census Reduction</b>	<b>Staff Reduction</b>
<b>Apple Creek Developmental Center</b>	48	99
<b>Springview Developmental Center</b>	26	51

The staff reductions at both developmental centers have occurred through a number of means, including resignations, retirements, transfers, layoffs, removals, extended leave, and deaths. The only layoffs that occurred were two pharmacy positions

at Apple Creek. Apple Creek now provides pharmacy services for its residents through a vendor contract.

### Overtime

Studies have shown a relationship between the amount of overtime worked by staff and the quality of services. Hewitt (et. al) assert that, “Given the intense, stressful nature of the DSP [direct support professional] job, when employees work large amounts of overtime they are susceptible to exhaustion, increased mistakes and decreasing quality of performance.”<sup>104</sup> While the researchers were primarily discussing community settings, the implications for institutional settings may be similar.

Table 6 shows the total amount of overtime worked by direct care workers at each of the developmental centers over the past three years. Included in the table is the annual census for each developmental center for each fiscal year. This information is presented to provide context for the amount of overtime worked. The higher the census, the greater the number of direct care workers; therefore, a greater amount of overtime may be expected. Again, this information should be viewed in light of the facts that LSC staff found no standard defining what constitutes “a large amount of overtime” and overtime data are aggregated by facility, not by individual.

Developmental Center	2001		2002		2003		2004*	
	Census	OT	Census	OT	Census	OT	Census	OT
Apple Creek	188	34,531	182	20,389	172	12,812	129	8,890
Cambridge	111	10,499	114	11,568	107	13,502	113	8,996
Columbus	150	23,514	153	22,287	154	26,442	148	19,472
Gallipolis	251	21,405	248	32,014	236	29,132	238	19,617
Montgomery	104	8,801	99	7,532	101	8,559	104	6,634
Mt. Vernon	238	26,666	225	20,833	222	19,506	223	12,968
Northwest	166	14,059	162	12,036	156	10,188	154	8,950
Southwest	113	18,659	111	13,135	107	11,497	106	7,047
Springview	87	7,513	84	7,811	79	6,589	60	5,652
Tiffin	201	8,542	190	10,210	177	14,424	184	8,905
Warrensville	252	62,269	245	65,953	235	69,519	229	50,617
Youngstown	122	5,127	119	5,795	115	6,091	119	4,329

\* The numbers shown for FY 2004 are from July 1, 2003 – February 7, 2004.

<sup>104</sup> *Ibid.*

**Early Retirement Incentive Plan**

The Department of Mental Retardation and Developmental Disabilities will likely be offering a one-year early retirement incentive plan (ERIP) for employees of Springview and Apple Creek. (For more information on the ERIP, see Section 6 of this report.) According to the Department, the ERIP will be offered at the time the Department files the rationale for laying-off employees with the Department of Administrative Services (DAS). Once the rationale is filed, a hiring freeze goes into effect for Springview and Apple Creek, as well as their respective layoff jurisdictions.<sup>105</sup> If all individuals who are eligible to take advantage of the ERIP choose to retire immediately, it could cause a staffing shortage. At the same time, the hiring freeze could restrict the developmental center’s ability to maintain necessary staffing levels to serve the residents. For these reasons, the Department has decided to proceed cautiously in deciding when to file the layoff rationale with DAS.

Employees can retire with a minimum of 30 years of service at any age, 25 years of service at age 55, and 5 years of service at age 60. Table 7 shows the number of individuals by category at Springview and Apple Creek who will be eligible to take advantage of the ERIP because one year of service credit provided under the ERIP will make them eligible for retirement under the Public Employees Retirement System.

<b>Table 7. Employees Eligible for A One-Year Early Retirement Incentive Plan</b>		
<b>Eligibility Category</b>	<b>Number of Eligible Employees</b>	
	<b>Springview</b>	<b>Apple Creek</b>
<b>29 or more years of service, any age</b>	3	63
<b>24 or more years of service, 55 years of age</b>	7	22
<b>4 or more years of service, 60 years of age</b>	11	11

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<sup>105</sup> The developmental centers within Springview’s layoff jurisdiction are Southwest and Montgomery. The developmental centers within Apple Creek’s layoff jurisdiction are Warrensville and Youngstown.

## Section 9. Continuing costs following closure of a facility

On January 30, 2004, the Governor notified the General Assembly that Apple Creek and Springview developmental centers are to be closed. This section focuses on continuing costs that would follow these potential closures. The types of continuing costs described would also be applicable to developmental center closures in general.

The Department of Mental Retardation and Developmental Disabilities provided LSC staff with estimates of continuing costs following closure based on actual annual costs from the closure of Broadview Developmental Center in 1992. LSC staff analyzed these cost estimates and assumptions. Having reviewed them with department staff, LSC staff found the estimated continuing costs and assumptions to be reasonable.

Table 1 below shows the actual average annual costs from the closure of Broadview Developmental Center along with the annual estimated costs that are likely to occur following the proposed closures of Springview and Apple Creek developmental centers. Many uncontrollable factors, such as weather conditions, could also affect the actual continuing costs.

In addition to continuing costs, this section also discusses one-time costs that might be incurred preparing the facilities for closure and sale. It also includes estimates of the continuing costs of providing services for the relocated residents of Springview and Apple Creek, as well as unemployment compensation and the early retirement incentive plan costs for the employees of those two developmental centers.

	<b>Springview</b>	<b>Apple Creek</b>
General Maintenance Repairs	\$15,000	\$15,000
Snow Removal	\$4,550	\$9,100
Security	\$41,600	\$52,000
Lawn Cutting	\$3,000	\$15,000
Utilities	\$150,000*	\$195,000
Personnel Costs	\$10,000	\$10,000
Boilers	\$102,000*	\$12,000
<b>Totals</b>	<b>\$326,150*</b>	<b>\$308,100</b>

\*This estimate assumes the renting of gas boilers. However, there would be one-time costs of \$60,000 associated with this option. See Boiler Operations section below.

### Snow Removal

The cost estimates for snow removal at both developmental centers are estimated at \$325 per mile. Snow will be removed only on the main roads at each facility. Springview would require snow removal on one mile of road, while Apple Creek would require snow removal on over two miles of road. Snow would not be removed from

outer and interior roads at Apple Creek. It is assumed that snow removal would be required 14 times annually at each facility. Therefore, the cost of snow removal at Springview and Apple Creek is estimated at \$4,550 and \$9,100 a year, respectively.<sup>106</sup> As a general rule, snow would be removed if there was three inches or more accumulation.

### **Security**

When a developmental center is closed there are ongoing security costs to protect the property. Generally, the Department would ask security to survey the perimeter of each building at least once each day to look for broken glass or other signs of trespassing. The schedule for a security officer would vary each week to avoid creating noticeable security patterns. The Department estimates that 40 hours of security a week would be needed at each developmental center. Moreover, the Department assumes that it would cost more to recruit security personnel to work at Apple Creek because of its rural setting. Consequently, the estimate for security at Apple Creek assumes a higher hourly rate than for Springview.<sup>107</sup>

### **Lawn Cutting**

The Department assumes that lawns at the two developmental centers would need to be cut twice a month. Apple Creek has 80 acres of land, compared to 17 acres at Springview. The Department estimates that lawn cutting at Springview would cost \$300 per cut. Estimates for Apple Creek assume \$1,500 per cut. Apple Creek has significantly higher costs per cut because of the larger area.

### **Utilities**

The buildings at Springview and Apple Creek would still need to be heated following closure. According to the Department, the temperature in the buildings would be set to 50 degrees, which would reduce utility costs by about two-thirds. The utility costs estimated for each developmental center represent approximately one-third of historical utility costs.

### **Personnel Costs**

The Department would use an employee from another developmental center in the area to make general repairs and to make sure contractors are doing their jobs at

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<sup>106</sup> Cost per mile multiplied by the number of miles to be plowed multiplied by 14 times per year.

<sup>107</sup> \$25 per hour versus \$20 per hour.

Springview and Apple Creek (e.g., lawn cutting, snow removal, etc.). The Department expects to use an employee from the Montgomery Developmental Center to monitor Springview and an employee from Mount Vernon to monitor Apple Creek. The only additional costs that would be incurred would be the costs for travel. The Department assumes that the employees would make one trip per week to Springview and Apple Creek.

### **Boiler Operations**

Currently, coal-burning boilers provide the heating at Springview. According to the Department, there are two options for operating boilers at Springview after closure. One option is to retain the current staff already employed at Springview. The Department estimates that this option would cost approximately \$401,500 a year.<sup>108</sup>

The second option at Springview would be to set up gas rental boilers. The Department estimates it would cost approximately \$252,000 a year for rental boilers.<sup>109</sup> However, in the first year following closure, there would be \$60,000 in one-time, start-up costs.<sup>110</sup> As of this writing, the Department is unsure which option would be used.

Apple Creek has an energy management system in place that allows the boiler operations to be monitored off-site. The Department estimates that it would cost approximately \$12,000 a year for off-site monitoring of the boilers. If Apple Creek is closed, the off-site energy management system would be moved to another developmental center, unless the system were included as part of a sales agreement for the Apple Creek property.

### **Other Costs Following Closure**

#### **One-Time Costs**

There could be one-time costs incurred for repairs before Springview and Apple Creek could be sold. Potential buyers could ask the Department to make needed repairs.

The following capital projects at Springview have been placed on hold because of the possible closure: roof replacements of administration and main buildings (\$750,000);

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<sup>108</sup> \$100,000 per year for coal plus \$35,000 per year for electricity plus \$266,500 per year in personnel costs.

<sup>109</sup> \$8,500 per month for renting the boilers multiplied by 12 months plus \$150,000 per year for utilities.

<sup>110</sup> One-time set-up costs would be \$25,000 to install a gas line and \$35,000 to set up the boilers.

door replacements, including all administration building exterior front doors (\$75,000); and installation of an automatic electrical transfer switch (\$25,000).

The following projects at Apple Creek have been placed on hold because of the possible closure: renovation of Ruby Hall's roof and hallways (\$670,000); replacement of Jonathan Hall's air conditioning system (\$150,000); and heating, ventilation, and air conditioning (HVAC) work for the habilitation building (\$150,000).

### **Cost of Providing Services for Relocated Residents**

Costs of providing services would continue to be incurred for residents who are relocated from Springview or Apple Creek. The costs for residents moving from Springview and Apple Creek to other developmental centers are unlikely to change significantly. The developmental centers receiving individuals from Springview and Apple Creek that have available capacity may experience only a small increase in expenditures. For the most part, LSC staff expects the operating costs of the receiving developmental centers to largely stay the same.

### **Medicaid Waiver Costs**

The Department has submitted to the Centers for Medicaid and Medicare Services (CMS) an application for a special Medicaid waiver, the Community Access Model waiver (CAM), for (1) current residents of Springview or Apple Creek, (2) residents of other developmental centers whose move to the community will create a vacancy for a resident of Springview or Apple Creek, or (3) residents in private ICFs/MR whose move to the community will create a vacancy for a resident of Springview or Apple Creek. The Department had intended to use the CAM waiver to pay for all the residents moving to the community as a result of the closure of Springview and Apple Creek. However, CMS has put the CAM waiver on hold until the Department implements a new waiver reimbursement system. Since CMS has not approved the CAM waiver, the Department has been using Individual Options (IO) waiver slots for individuals being relocated to the community. See Section 4 for further discussion of CAM waiver and IO waiver costs.



Table 2 shows the total estimated state share of Medicaid waiver costs, including start-up costs, through FY 2007 for individuals moving into the community resulting from the closure of Springview and Apple Creek. However, these waiver costs would continue for the life of the individual or as long as the individual remains in the community. Please see Table 1 in Appendix 13-2 for a more detailed presentation of the Medicaid waiver cost estimates.

	<b>Estimated Number of Individuals</b>	<b>Total Estimated Cost</b>
Apple Creek and Springview	67	\$6,477,088
Other Developmental Centers and Private ICFs/MR	117	\$8,889,461
<b>Totals</b>	184	\$15,366,549

### County Boards of Mental Retardation and Developmental Disabilities

The Department has committed to pay the entire nonfederal share of the waiver costs for each individual transitioned to the community as a result of the closure of Springview and Apple Creek. The Department will give the county board of the county in which the enrollee resides the entire portion of the nonfederal share of waiver costs up to the cost cap for each waiver, even if the individual's costs do not reach the cost cap. According to the Department, this will help the county pay costs associated with the individual that are not included as part of the waiver services.

The Department has also committed capital dollars to the counties to develop housing for individuals relocating as a result of the developmental center closures. See Section 4 for further discussion of the capital dollars committed to the counties.

Table 3 shows the capital housing costs as estimated by the Department. Because these capital funds have already been budgeted, it is assumed that if they were not used for community housing, they would be used elsewhere in the MR/DD system and would not result in a cost reduction because of the closure of a developmental center. Please see Table 2 in Appendix 13-2 for a more detailed presentation of the capital housing cost estimates.

	<b>Estimated Number of Individuals</b>	<b>Total Estimated Cost*</b>
<b>Capital Housing</b>	184	\$6,768,575
<b>Residential Renovations</b>	184	\$515,200
<b>RHAP</b>	184	\$1,030,400
<b>Adult Services Buildings</b>	N/A	\$500,000
<b>Totals</b>	184	\$8,814,175

\*Total through FY 2007.

LSC staff contacted the Clark, Cuyahoga, Stark, and Summit county boards of mental retardation and developmental disabilities to discuss the impact of the potential closures of Springview and Apple Creek. These county boards were selected because they had the highest number of residents from Springview and Apple Creek who chose community placement in their counties. The county boards expressed concerns about their ability to develop residential capacity for these individuals within current budget constraints. The county boards also noted concerns with the caseloads of service and support administrators, the capacity of adult services programs, and the potential high cost of individuals relocating from Springview or Apple Creek.

**Unemployment Compensation**

Costs associated with unemployment compensation would be incurred if Springview and Apple Creek were closed. The Department estimates that there would be 87 employees at Apple Creek and 71 employees at Springview eligible for unemployment compensation. The estimated unemployment compensation costs in Table 4 below are based on these assumptions. Please see Section 13 for a more detailed presentation of unemployment compensation cost estimates.

<b>Table 4. Estimated Unemployment Compensation Costs</b>		
	<b>Eligible Employees</b>	<b>Estimated Cost</b>
Apple Creek	87	\$843,726
Springview	71	\$688,558
<b>Totals</b>	158	\$1,532,284

**Early Retirement Incentive Plan**

According to the Department, it is likely that a one-year early retirement incentive plan (ERIP) will be offered to eligible staff.<sup>111</sup> The Department estimates that there would be 96 employees at Apple Creek and 21 employees at Springview eligible for the ERIP. Table 5 shows the estimated costs of a one-year ERIP. Please see Section 13 for a more detailed presentation of the cost estimates.

<b>Table 5. Estimated One-Year ERIP Costs</b>		
	<b>Eligible Employees</b>	<b>Estimated Cost</b>
Apple Creek	96	\$1,791,594
Springview	21	\$373,265
<b>Totals</b>	117	\$2,164,859

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<sup>111</sup> See Section 6 for a more detailed discussion of the ERIP.

The collective bargaining employees who continue working at Springview or Apple Creek will then have the opportunity to bump into other state positions through the layoff procedures prescribed in their collective bargaining agreements. If employees bump less senior employees, there could be increased payroll costs to the developmental center in which the less senior employee is bumped. The Department expects eight employees at Springview and ten employees at Apple Creek to transfer to other developmental centers. Since some developmental centers are having difficulty with high turnover rates, the transfers could have the benefit of increasing the available pool of workers for those developmental centers thereby reducing some training and recruitment costs. See Section 8 for a more detailed discussion of turnover rates.

### **Potential Revenue**

The Department may sell Springview and Apple Creek if they were closed. The Department would establish land-use committees for each developmental center that would ultimately determine what will be done with the property. However, the Department has not begun this process as of this writing.

Before the facilities could be sold, an appraisal would be necessary. As of this writing, the Department has not had an appraisal. Therefore, it is not possible to accurately estimate the potential revenue generated from the sale of the two developmental centers proposed for closure. However, LSC staff obtained the insurance coverage value for both Springview and Apple Creek. Springview's insured value is \$5,742,234, while Apple Creek is insured at \$22,317,824. Each center is only insured for the actual buildings. The insurance value does not include the value of the land or the contents of the buildings.

Any equipment or vehicles remaining at Springview or Apple Creek would be made available to the remaining ten developmental centers. Any equipment or vehicles remaining after they had been made available to the ten developmental centers would be made available to other state agencies. Anything remaining after that would likely be auctioned.

## **Section 10. The impact of the closures of Springview and Apple Creek developmental centers on the local economies**

### **General**

Closing Springview and Apple Creek developmental centers will have economic implications for the surrounding communities. The loss of jobs at the two developmental centers results in reduced economic resources for those households affected by job loss. The loss of jobs also reduces spending at businesses in the communities and reduces tax revenues to municipalities and school districts in the area. Some businesses in each area will be affected directly by the loss of a customer because the two developmental centers purchase goods and services directly from some area businesses. These negative implications may be offset in the long run by positive ones that arise from alternative uses of the physical facilities. If the grounds are transferred to a private entity, the property could begin to generate property taxes to support local schools and local governments; the state does not pay property taxes. In addition, any such alternative uses of the facilities could generate new jobs and payroll, replacing the jobs and payroll lost due to the closures.

Alternative uses of the properties remain hypothetical as of this writing. The potential is there for the local economies to benefit from the closures, but LSC staff do not know the extent to which the potential will be realized. Many other relevant issues remain. Some staff at these facilities will find jobs in other developmental centers or in the community, meaning that not all jobs eliminated will reduce spending and tax revenues. Unemployment compensation and retirement benefits will temporarily replace some of the lost purchasing power, both for families and in the communities. The Department is making the retirement option more widely available by offering a one-year early retirement incentive plan (ERIP). Neither the Department nor LSC staff is able to forecast which employees will move smoothly into new jobs and which will have a significant period of unemployment before finding new jobs.

LSC staff has not found, as of this writing, any existing studies of the economic impact of closing a facility similar to a developmental center. A rather large number of studies have been published by economists on the economic effects of the closing of manufacturing plants. But manufacturing plants are certainly different than developmental centers. Therefore, the economic effects would be expected to differ correspondingly. To a significant extent, though, the topics that must be addressed by a study of local economic effects are known from the literature on plant closures, so this report will rely on that literature fairly heavily.

LSC staff estimate that the closure of Springview will reduce spending in its local economy by between \$3.9 million and \$8.6 million in a transitional year during which some former Springview staff will be searching for new jobs. After the transitional year,

LSC staff estimate that the closure will reduce spending by between \$2.9 million and \$6.4 million. Similarly, the closure of Apple Creek is estimated to reduce spending in its local economy by between \$6.4 million and \$14.1 million during the transitional year, and by between \$4.8 million and \$10.6 million in subsequent years.

This section of the report presents a review of existing literature on the closing of facilities, and attempts to estimate the impact of the closures of Springview and Apple Creek on the local economies.

### Existing Literature

LSC staff conducted searches of the economics literature using *EconLit*, a database of research articles compiled by the American Economic Association.<sup>112</sup> LSC staff ran searches on the phrases “center for mentally retarded,” “developmental center closure,” “hospital closure,” and “plant closure.” The first two searches yielded no article citations, while the third search yielded only one article on the topic of hospital closure.<sup>113</sup> That article focused on the effects of the closure on staff of the facility closed, especially the effects on their stress levels and job satisfaction (on subsequent jobs), and so was not particularly concerned with the effects on the local economy. The fourth search, on the term “plant closure,” yielded 38 article citations. The titles and dates of publication of these citations were manually inspected to determine whether they appeared to be helpful in producing this report, and several resulting titles were consulted. To supplement this search method, LSC staff manually inspected recent on-line issues of *Monthly Labor Review*, a U.S. Department of Labor (DOL) publication.

The publications consulted were useful primarily in providing general information about the types of economic costs associated with facility closures. The types of costs described in these publications are frequently mentioned whenever this issue arises: job loss and associated unemployment and wage loss, reduction in local tax base, reduction in purchased services, and secondary effects like loss of revenue to area businesses due to reduction in workers’ collective purchasing power. Estimating such costs does not require any complicated statistical model – just careful application of economic principles. For example, a worker displaced from one job may find another locally. In such a case that worker’s entire income from the first job is not lost – the loss to the local

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<sup>112</sup> The version of the database that was used was current through publications catalogued by the third quarter of 2000. The expense of acquiring the database makes continual updates prohibitively expensive to obtain.

<sup>113</sup> Havlovic, S.J., Bouthillette, F., and van der Wal, R. (1998). *Coping with Downsizing and Job Loss: Lessons from Shaughnessy Hospital Closure*. **Canadian Journal of Administrative Sciences**, 15(4), 322-332. The hospitals studied were located in British Columbia.

economy would depend on the size of the income on the new job relative to the initial income and the length of time the worker was unemployed between jobs.

It is not possible to predict the labor market experience of developmental center staff after the developmental centers are closed. Some staff may move smoothly into new jobs that pay comparably well, but some may experience an intervening spell of unemployment, and some may require years to find jobs that pay as well as their current jobs. Still others may move out of the area to accept jobs comparable to ones they held at the developmental center. The U.S. Bureau of Labor Statistics (BLS) periodically conducts studies of the experiences of workers dislocated from jobs they had held for (at least three) years. These studies would probably be the best basis for projecting the experience of Springview and Apple Creek staff.

A recent article from the *Monthly Labor Review* presents the findings of the most recent survey, which was of workers dislocated from jobs in 1997 or 1998. Of the workers surveyed, 77.9% were reemployed by February 2000, with the others either unemployed (5.6%) or having left the labor force (16.5%). The median number of weeks unemployed after dislocation for those workers who found a job was 5.3 weeks. Of those employed by February 2000, roughly 39.4% were paid less than they had been paid on the previous job.<sup>114</sup> On the other hand, the majority of dislocated workers who found a new job had higher wages at the subsequent job than they had earned on the job they lost.<sup>115</sup>

Statistics like these vary over time. The trend described in the article is mixed: dislocated workers were less likely to find a subsequent full-time job than workers covered by the previous survey: 77.9% did so, compared with 82.5% in the preceding survey. But they experienced shorter periods of unemployment on average (a median of 5.3 weeks of unemployment, compared to a 7.6 week median) and were less likely to experience earnings loss on any new job as compared with workers who had been surveyed by BLS in previous years (39.4% compared to 45.4%).<sup>116</sup> One reason for such variation is that business cycle conditions change: the faster the economy is growing the better the labor market for workers, generally speaking. The economy was growing

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<sup>114</sup> Such workers may be paid significantly less: 23.7% of workers who had found a job by February 2000 were paid at least 20% less on the subsequent job.

<sup>115</sup> Helwig, R.T. (June 2001). *Worker Displacement in a Strong Labor Market*. **Monthly Labor Review**, 13-28.

<sup>116</sup> Helwig, R.T. (June 2001). *Worker Displacement in a Strong Labor Market*. **Monthly Labor Review**, 13-28, and Hipple, S. (July 1999). *Worker Displacement in the Mid-1990s*. **Monthly Labor Review**, 15-32.

strongly leading up to February 2000, so the improved economy presumably contributed to the improvements in workers' experiences.

A second factor behind the improvement, though, is presumably related to the fact that workers with more years of education typically have better labor market experiences after dislocation. For example, the median weeks of unemployment before finding a job in the most recent survey was 4.0 weeks for workers with a bachelor's degree, but 7.0 weeks for high school graduates who did not go on to college.<sup>117</sup> With each passing year, the average number of years of education of workers in the labor market increases,<sup>118</sup> which suggests that the labor market experiences of dislocated workers as a group, since the group is better educated each year, would be more favorable each year.

These two factors may work against each other when trying to project whether dislocated workers will have a better or worse experience as a group today than they did for the last survey. Economic growth was robust in 1997, 1998, and 1999, with the economy growing faster than it did between mid-2000 and mid-2003, which suggests worse results for dislocated workers. But the economy has grown more rapidly since mid-2003, at least nationally, and educational attainment keeps increasing each year, both of which suggest better results for workers. Thus, LSC staff cannot say for certain whether the staff affected by the closures are likely to have better or worse results than those found in the most recent survey. In addition, LSC staff do not know if these national statistics are fairly representative of the experience of Ohio workers.

Despite these sources of uncertainty, LSC staff believe the most recent BLS survey results are the most helpful guide to the expected experience of developmental center staff affected by these closures, subject to one qualification. Data provided by the Department indicate that over 11% of Springview staff and nearly 28% of Apple Creek staff are expected to be eligible for the ERIP. With such high retirement eligibility statistics for these groups, the percentage of staff members exiting the workforce as a result of the closures is likely to be significantly higher than the 16.5% national rate given above. The analysis below assumes all eligible staff will retire, and correspondingly reduces the percentages unemployed, otherwise out of the labor force, or employed in new jobs.

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<sup>117</sup> Helwig, R.T. (June 2001). *Worker Displacement in a Strong Labor Market*. **Monthly Labor Review**, 13-28. Similarly, 41.8% of reemployed workers with a bachelor's degree experienced a reduction in earnings after dislocation, compared to 45.1% of high school graduates with no college.

<sup>118</sup> BLS data show that the percentage of the national labor force with at least a bachelor's degree has increased steadily from 27.1% in the fourth quarter of 1993 to 32.4% in the fourth quarter of 2003.

In addition to the direct impact on the local economies of the developmental center closures, there will be secondary effects; economists often refer to these as “multiplier effects.” When a local business loses Apple Creek (for example, or one of Apple Creek’s employees) as a customer, that business experiences a reduction in sales and profits. The reduction in profits means that the owner is forced to reduce spending in the local economy somewhat. The business may need to reduce its workforce in response. Because of these multiplier effects, a \$1 reduction in direct spending in the local economy typically leads to a reduction in overall economic activity of more than \$1. The ratio between the overall reduction in economic activity, including multiplier effects, and the reduction attributable to the direct reduction in spending is known as “the multiplier.”

LSC staff do not know of any universally accepted value for the multiplier for a local economy. Moreover, the precise value probably depends on a number of characteristics of the local economy, for example, transportation links with other economies, or the types of industries that make up the local economy. LSC staff asked Global Insight, an economic forecasting firm, about the size of the multiplier that their economic model uses for Ohio as a whole. They report that their model implies a multiplier value between 1.5 and 2.2. This means that a \$1 reduction in direct spending in Ohio translates into an overall reduction in economic activity in Ohio of between \$1.50 and \$2.20, after allowing for multiplier effects. The multiplier for a local economy smaller than Ohio’s would almost certainly not be larger than the multiplier for the state as a whole, but would very likely be smaller.<sup>119</sup> In particular, the multiplier for the local economies in the Clark County and Wayne County areas is unlikely to be larger than 2.2, and is quite likely to be smaller than 2.2. In the absence of any widely accepted value for the multiplier on the scale of a county (or a few neighboring counties), LSC staff adopted a value of the multiplier of between 1.0 and 2.2.

### Springview Developmental Center

The Springview Developmental Center is located in Springfield, Ohio in Clark County. The facility employed 170 staff during the second quarter of FY 2003, before the February 5, 2003 announcement of its intended closure. According to BLS, there were 64,589 workers employed in Clark County in December 2003,<sup>120</sup> making

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<sup>119</sup> This is based on fairly straightforward economic theory. When consumers in an economy buy more goods from outside of the economy, the loss of spending in the local economy is reduced when consumers’ incomes fall (since more of the reduced spending would have gone for goods produced elsewhere). Residents of Wayne County, for example, are probably more likely to buy goods produced outside of the local economy than Ohioans are likely to buy goods produced in other states. Therefore, the multiplier for Wayne County’s economy is (probably) smaller than the multiplier for Ohio as a whole.

<sup>120</sup> This number is somewhat fewer than the number employed during November (65,117), but slightly more than were employed the preceding December (64,545).



Springview's employment approximately 0.3% of overall employment in the county. The unemployment rate in Clark County that month was 6.0%, without any seasonal adjustment, slightly higher than the unadjusted statewide figure of 5.5% (but equal to the seasonally adjusted statewide figure). The local labor market is probably adequately defined as Clark County, since approximately 85% of the FY 2003 Springview payroll is attributable to residents of that county. An increase of 170 in the number of unemployed workers would increase the Clark County unemployment rate from 6.0% to 6.3%.

Springview, because it is a state institution, does not pay property taxes. The Department projects that the total amount of local income taxes that would be withheld from employee's checks during the 2004 tax year would be \$129,325, based on the staffing level in effect in February 2004. Nearly the entire amount of revenue loss would be borne by the city of Springfield, the place of employment, although Urbana, Huber Heights, and London will lose some income tax revenue (no more than a few hundred dollars for any one of the three) as a city of residence for some of the staff. In addition, the closure would result in lost school district income taxes paid by some employees, based on their school district of residence; the Department reports that \$2,261 was withheld for school district taxes from the Springview payroll for (state) FY 2003.

Springview's expenditures for contract services, other operating expenses, and capital expenses amounted to \$759,166 in Clark County (in FY 2003), \$157,863 in Montgomery County, \$13,469 in Miami County, \$6,331 in Greene County, and \$840 in Champaign County. The total spending in Clark County or any of its five neighboring counties for developmental center purposes in FY 2003 was \$937,669, down slightly from \$1,048,035 in FY 2002. In addition to this spending by the developmental center itself, residents spent \$98,197 in Clark County in FY 2003, and \$108,163 in FY 2002.<sup>121</sup> Total direct spending in Clark County and its neighboring counties thus amounted to \$1,037,703 in FY 2003 and \$1,159,941 in FY 2002 (after adjusting for rounding).

In addition to a reduction in direct purchases in the local economy by Springview, the closing of the developmental center will mean a reduction in purchasing power in the local economy due to the loss of jobs. The FY 2003 payroll for Springview, based on gross salaries and wages, was approximately \$6.5 million. Of the total amount, \$5.6 million in payroll is attributable to Clark County residents and \$482,000 to Champaign County residents. Montgomery County residents account for \$170,000, Greene County residents for \$100,000, Miami County residents for \$66,000, and Madison County residents for \$9,000.

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<sup>121</sup> Residents spent an additional few thousand dollars (total) in Montgomery County in FY 2003, and in Montgomery, Greene, and Madison counties in FY 2002.

As explained above, the entire payroll will not be removed from the local economy. In fact, of the 170 employees prior to the closure announcement, the Department estimates that 21 will be eligible for the one-year ERIP the Department plans to offer. Of these 21, 3 will have at least the full 30 years of service credit needed for full retirement benefits regardless of age, and an additional 7 will have at least 25 years of service. For a Public Employees Retirement System member who retires with full benefits, the benefits replace 66% of the member's final average salary (FAS).<sup>122</sup> The amount increases by 2.5% of FAS for each additional year of service. The payroll loss attributable to the current staff that take the ERIP would be somewhat more than 34%<sup>123</sup> of the total payroll of those staff members. Similarly, of the remaining 170 staff members, some purchasing power would be replaced by a new job, unemployment compensation, another job with the Department, or by some combination of the three.<sup>124</sup>

LSC staff conducted an analysis of payroll data to estimate the overall reduction in purchasing power in the local economy associated with job loss. The data, supplied by the Department, were organized by years of service with the Department. The estimate assumes that all staff with more than 25 years of service would retire and stay in the community. It assumes that 50% of staff with 20 to 24.9 years of service and 25% with 10 to 19.9 years of service would remain employed with the Department and commute to their new job, thus staying in the community. These assumptions yield an estimate that, of overall staff payroll, 17.6% would stay in the community due to retirees and continuing employees of the Department.

In addition, some staff with under 25 years of service are likely to find new jobs in the community. As noted above (see *Existing Literature*), LSC staff believes that the best data for estimating the purchasing power loss for this group is from the BLS surveys of displaced workers. If the experience of Springview staff is similar to that of these workers, as described in the *Monthly Labor Review* articles cited above, LSC staff estimates that an additional 38.4% of overall payroll would be retained in the local economy by workers finding new jobs, allowing for a period of unemployment while they look for new jobs. This estimate is based on several assumptions, which are based on one of the two *Monthly Labor Review* articles. Although based on actual experience of other displaced workers, LSC staff selected the data from whichever of the two

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<sup>122</sup> FAS is generally the average of the three highest years of the member's salary.

<sup>123</sup> It would be more than 34% because the retirement benefit is based on final average pay, rather than the current pay rate, and because of those staff (18) who qualify for retirement on the basis of a combination of age and years of service.

<sup>124</sup> Some employees may exercise "bumping" rights to assume their same job at one of the neighboring developmental centers. Whether those employees would move out of the county to be closer to their new jobs or continue to contribute their wages to the local economy is unknown.

surveys yielded the lower figure for purchasing power retained in the local economy. Thus, LSC staff believes that the resulting estimate of purchasing power retained in the community is more likely to be underestimated than overestimated. The estimate also does not reflect the receipt of unemployment compensation, which would further, at least temporarily, cushion the local economy. The specific assumptions used are described in Appendix 10-1.

When displaced workers experience unemployment before finding new jobs, the local economy experiences a corresponding reduction in purchasing power on a transitional basis. Once workers have moved into new jobs and the transition is over, some of the purchasing power that is lost while those workers are unemployed is restored to the local economy. LSC staff estimates that the 38.4% of payroll retained by workers who find new jobs, allowing for periods of unemployment, would increase to 53.4% on a continuing basis after they have found employment.

During the transitional period, the overall reduction in purchasing power in the local economy is roughly halved by developmental staff receiving pensions, remaining employed with the Department, or finding new jobs. LSC staff estimates that purchasing power amounting to about 55.9% of current payroll would remain in the local economy, without allowing for unemployment compensation.<sup>125</sup> Thus, the \$6.5 million loss of payroll in the local economy falls to approximately \$2.9 million. Once the transitional period is over and workers have found new jobs, the percentage of payroll retained in the local economy is estimated to increase to 71.0%. The loss of payroll then falls further from \$2.9 million to \$1.9 million.

The total reduction in spending in the local economy, due both to the end of direct spending by Springview and to reduced purchasing power associated with the loss of jobs, is estimated to be approximately \$3.9 million compared with FY 2003 during the transitional period. After the transitional period, the reduction in spending in the local economy falls to \$2.9 million compared with FY 2003. Neither amount represents the full impact on the local economy. As explained in the *Existing Literature* section, there are multiplier effects on the economy. Because the multiplier for local economies is assumed to be between 1.0 and 2.2, the total reduction in economic activity in the local economy could be between \$3.9 million and \$8.6 million during the transitional period, and between \$2.9 million and \$6.4 million after the transition.

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<sup>125</sup> The Department estimates that it will spend approximately \$645,000 on providing unemployment compensation to staff during FY 2005. Their estimate was derived independently and is not necessarily derived consistently with LSC staff estimates.

### Apple Creek Developmental Center

The Apple Creek Developmental Center is located near Apple Creek, Ohio in Wayne County. The facility employed 381 staff members during the second quarter of FY 2003, before the February 5, 2003 announcement of its intended closure. According to BLS, there were 55,657 workers employed in Wayne County in December 2003,<sup>126</sup> making Apple Creek's employment approximately 0.7% of overall employment in the county. The unemployment rate in Wayne County that month was 4.4%, without any seasonal adjustment, significantly lower than either the seasonally unadjusted (5.5%) or the adjusted (6.0%) statewide figure. An increase of 381 in the number of unemployed workers would increase the Wayne County unemployment rate from 4.4% to 5.0%.

Wayne County residents account for approximately 55% of the Apple Creek FY 2003 payroll. Apple Creek staff are drawn from several neighboring counties, but principally from Stark County, which accounts for approximately another 31% of payroll. Since residents of these two counties account for approximately 86% of Apple Creek payroll, the local labor market might be better defined to include both Wayne and Stark counties. The total number of employed workers in Stark and Wayne counties in December 2003 was 236,115, meaning that Apple Creek's employment is approximately 0.2% of overall employment in the local labor market if LSC staff define it to include both counties. An increase of 381 in the number of unemployed workers would increase the unemployment rate in the combined Wayne County/Stark County labor market from 5.6%<sup>127</sup> to 5.7%.

However, the relatively favorable local labor market situation is about to change. Newell Rubbermaid, Inc. has announced the closure of its manufacturing and distribution facilities in Wooster, effective on or around May of 2004. These facilities employed approximately 1,200 workers as of the beginning of 2004, or approximately 2.2% of the Wayne County workforce.

Apple Creek, because it is a state institution, does not pay property taxes. The Department projects that the total amount of local income taxes that would be withheld from employee's checks during the 2004 tax year would be \$94,231,<sup>128</sup> based on the

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<sup>126</sup> This number is somewhat fewer than the number employed during November (55,880), but slightly more than were employed the preceding December (55,116).

<sup>127</sup> The unemployment rate in Stark County alone in December was 6.0% before any seasonal adjustment.

<sup>128</sup> This amount is less than for Springview despite the staff being significantly larger at Apple Creek. This is because Apple Creek is not in an incorporated area, and many employees do not live in incorporated areas, meaning that no local income tax is due.

staffing level in effect in February 2004. This revenue lost would be shared between the cities of Massillon (\$24,171), Wooster (\$15,835), Canton (\$11,474), Akron (\$10,510), Orrville (\$8,169), Brewster (\$3,763), Apple Creek (\$3,736), and several other municipalities (none of which would lose more than \$3,000), based on the employees' places of residence. In addition, the closure would result in lost school district income taxes paid by employees based on their residence; the Department reports that \$4,742 was withheld for school district taxes from Apple Creek payroll for (state) FY 2003.

Apple Creek's operating and capital expenditures, excluding payroll and utilities, amounted to \$264,186 in Wayne County (in FY 2003), \$65,566 in Summit County, \$48,473 in Stark County, \$31,309 in Tuscarawas County, and a total of \$22,924 in the remaining two neighboring counties (Holmes and Medina). The total spending in all six counties for developmental center purposes in FY 2003 was \$432,457, down from \$516,989 in FY 2002. In addition to this spending by the developmental center itself, residents spent \$380,959 in Wayne County in FY 2003, and \$408,389 in FY 2002.<sup>129</sup> Total direct spending in Wayne County and its neighboring counties thus amounted to \$818,444 in FY 2003 and \$930,517 in FY 2002 (after adjusting for rounding).

In addition to a reduction in direct purchases in the local economy by Apple Creek, the closing of the developmental center will mean a reduction in purchasing power in the local economy due to the loss of jobs. The current payroll (gross wages) for Apple Creek is approximately \$12.7 million. Of the total amount, \$7.0 million in payroll is attributable to Wayne County residents and \$3.9 million to Stark County residents. Summit County residents account for \$793,000, Holmes County residents for \$491,000, Tuscarawas residents for \$328,000, and Medina County residents for \$133,000.

As explained above, the entire payroll will not be removed from the local economies. In fact, of the 381 employees prior to the closure announcement, the Department estimates that 96 would be eligible for the one-year ERIP the Department plans to offer. Of these 96, 63 will have the full 30 years of service credit or more, and an additional 22 will have at least 25 years of service. If a worker has 30 years of service, the retirement benefit replaces 66% of final average salary. The amount increases by 2.5% of final average salary for each additional year of service. The payroll loss attributable to the current staff that take the ERIP would be somewhat more than 34%<sup>130</sup> of the total payroll of those current staff. Similarly, of the remaining 381 staff

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<sup>129</sup> Residents spent an additional few thousand dollars (total) in Stark, Summit, and Medina counties.

<sup>130</sup> It would be more than 34% because the retirement benefit is based on final average salary, rather than the current pay rate, and because of those staff members (33) who qualify for retirement on the basis of a combination of age and years of service.

members, some purchasing power would be replaced by a new job, unemployment compensation, another job in the Department, or some combination of the three.

LSC staff conducted an analysis of payroll data to estimate the overall reduction in purchasing power in the local economy associated with job loss. The data, supplied by the Department, were organized by years of service with the Department. The estimate assumes that all staff with more than 25 years of service would retire and stay in the community. It assumes that 40% of staff with 20 to 24.9 years of service would remain employed with the Department and commute to their new job, thus staying in the community, and that 20% of staff with 10 to 19.9 years of service would do so. These assumptions yield an estimate that, of overall staff payroll, 25.7% would stay in the community due to retirees and continuing employees of the Department.

In addition, some staff with under 25 years of service are likely to find new jobs in the community. As noted above (see *Existing Literature*), LSC staff believes that the best data for estimating the purchasing power loss for this group is from the BLS surveys of displaced workers. If the experience of Apple Creek staff is similar to that of these workers, as described in the *Monthly Labor Review* articles cited above, LSC staff estimates that an additional 30.7% of overall payroll would be retained in the local economy by workers finding new jobs, allowing for a period of unemployment while they look for new jobs. This estimate is based on several assumptions, which are based on one of the two *Monthly Labor Review* articles. Although based on actual experience of other displaced workers, LSC staff selected the data from whichever of the two surveys yielded the lower figure for purchasing power retained in the local economy. Thus, LSC staff believes the resulting estimate of purchasing power retained in the community is more likely to be underestimated than overestimated. The estimate also does not reflect the receipt of unemployment compensation, which would further cushion the local economy. The specific assumptions used are described in Appendix 10-1.

When displaced workers experience unemployment before finding new jobs, the local economy experiences a corresponding reduction in purchasing power on a transitional basis. Once workers have moved into new jobs and the transition is over, some of the purchasing power that is lost while those workers are unemployed is restored to the local economy. LSC staff estimates that the 30.7% of payroll retained by workers who find new jobs, allowing for periods of unemployment, would increase to 42.7% on a continuing basis after they have found employment.

During the transitional period, the overall reduction in purchasing power in the local economy is roughly halved by staff receiving pensions, remaining employed with the Department, or finding new jobs. LSC staff estimates that purchasing power

amounting to about 56.4% of current payroll would remain in the local economy, without allowing for unemployment compensation.<sup>131</sup> Thus, the \$12.7 million loss of payroll in the local economy falls to \$5.5 million. Once the transitional period is over and workers have found new jobs, the percentage of payroll retained in the local economy is estimated to increase to 68.4%. The loss of payroll then falls further from \$5.5 million to \$4.0 million.

The total reduction in spending in the local economy, due both to the end of direct spending by Apple Creek and to reduced purchasing power associated with the loss of jobs, is estimated to be approximately \$6.4 million compared with FY 2003 during the transitional period. After the transitional period, the reduction in spending in the local economy falls to \$4.8 million compared with FY 2003. As previously mentioned, these amounts do not represent the full impact on the local economy. As explained above (see *Existing Literature*), there are multiplier effects on the economy. Because the multiplier for local economies is assumed to be between 1.0 and 2.2, the total reduction in economic activity in the local economy could be approximately between \$6.4 million and \$14.1 million during the transitional period, and between \$4.8 million and \$10.6 million after the transition.

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<sup>131</sup> The Department estimates that it will spend approximately \$844,000 on providing unemployment compensation to staff during FY 2006. Their estimate was derived independently and is not necessarily derived consistently with LSC estimates.

**Section 11. Alternatives and opportunities for consolidation with other facilities**

LSC staff requested that the Department of Mental Retardation and Developmental Disabilities provide information on the number of beds that could reasonably be made available in each developmental center, if necessary.

The Department provided LSC staff with an estimate of reasonable capacity for each developmental center. “Reasonable capacity” is defined as the number of residents that could be accommodated at a developmental center without using floors not currently in use in multiple story buildings. Generally, the Department does not use multiple story residential buildings because of fire concerns. The Department is also trying to eliminate the use of four person bedrooms, but the estimates provided by the Department assume that four person bedrooms could be utilized.

The Department’s reasonable capacity estimates do not take into account vacant buildings that could be used for residential purposes. According to the Department, there is only one vacant building, Broadview Building at the Columbus Developmental Center, that potentially could be used for residential purposes. However, according to the Department, it would take a significant capital investment to prepare the building for that use. The building is scheduled for demolition.

**Reasonable Capacity**

Table 1 shows the current census and the reasonable capacity of each developmental center. (Please see Appendix 11-1 for a more detailed table by developmental center building.) As the table shows, the current reasonable capacity in developmental centers is 2,040. Available capacity, which includes currently open beds and beds that could be created by expanding the licensed capacity at each developmental center, is 231.

<b>Developmental Center</b>	<b>Current Census</b>	<b>Reasonable Capacity*</b>	<b>Available Capacity</b>
Apple Creek	131	208	77
Cambridge	113	122	9
Columbus	148	154	6
Gallipolis	238	256	18
Montgomery	105	104	(1)
Mount Vernon	223	227	4
Northwest	155	174	19
Southwest	107	112	5
Springview	60	90	30
Tiffin	183	220	37
Warrensville	227	256	29
Youngstown	119	117	(2)
<b>Total</b>	<b>1,809</b>	<b>2,040</b>	<b>231</b>

\* Reasonable capacity is the number of residents that could currently be accommodated in each developmental center and may be greater than the licensed capacity for the developmental center.



**Section 12. How the closing of Springview and Apple Creek developmental centers relates to the Department's plan for the future of developmental centers in this state**

In researching this issue, LSC staff questioned Department staff, including Director Kenneth Ritchey. Director Ritchey, as well as other representatives of the Department, discussed the shift in customer demand toward community placement, decreasing admissions to developmental centers, and the changing role of developmental centers. In addition, Director Ritchey stated that he believes there will continue to be a need for developmental centers in the future. He did not indicate any intention to close any developmental centers other than Springview and Apple Creek.

In further researching this issue LSC staff reviewed several documents that provide insight into the administration's philosophies about serving individuals with mental retardation or other developmental disabilities (MR/DD). The first document discussed in this section is the final report of the Ohio MR/DD Vision Committee. This report seems to support the move toward further development of services in the community. The second document discussed is the Ohio Access Project Final Report. This report discusses Governor Taft's continuing commitment to providing community-based alternatives for elders and persons with disabilities. The third document discussed is the Ohio Department of Mental Retardation and Developmental Disabilities Capital Plan for Fiscal Years 2003 - 2008. In the Capital Plan, the Department contends that the role of developmental centers is changing toward serving only those with the most serious care needs. Finally, this section provides data on the decreasing population in developmental centers, as well as information on discharges, deaths, and admissions at state-operated developmental centers over the last few years, showing that the number of individuals leaving developmental centers exceeds the number entering them.

**Vision Plan**<sup>132</sup>

On March 1, 2000, the Ohio MR/DD Vision Committee presented to the Director of Mental Retardation and Developmental Disabilities its final report detailing the vision for the future of the Ohio MR/DD system. The Vision Statement states that, "By the year 2005, every Ohioan with mental retardation or other developmental disability will be given the opportunity to meet individual needs by living, working, and participating in meaningful ways he or she has chosen, and that the delivery system for such necessary supports will be provided in an efficient manner through a mix of available public and private resources."

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<sup>132</sup> Links to the final reports of the Ohio MR/DD Vision Committee can be found at [http://odmrdd.state.oh.us/Includes/Press\\_Releases/Publications\\_Reports.htm](http://odmrdd.state.oh.us/Includes/Press_Releases/Publications_Reports.htm).

The final report includes 27 recommendations. At least two of those recommendations seem to support the move toward further development of services in the community for individuals with MR/DD. Those two recommendations are stated in the final report as follows:

- We envision a system whereby people with MR/DD have the opportunity to receive chosen supports and services in settings that are as close to an ordinary life as possible.
- We envision an Ohio system that promptly furnishes to all who desire and are eligible a residential setting of their choice and one which allows them maximum independence. We further recommend that sufficient funds be allocated for this purpose.

**Ohio Access Project**<sup>133</sup>

In June 2000, Governor Taft announced a continuing commitment to providing community-based alternatives for elders and persons with disabilities. In so doing, he outlined the Ohio Access Project and its three “guiding principles:”

- 1) Increase Community Capacity: Publicly financed delivery systems should be responsive to consumer demand for choice of services and supports and the need to develop additional capacity in community-based services. Current delivery systems must be improved to assist families, communities, and state and local governments in meeting their responsibilities.
- 2) Prioritize Resources: Reform/expansion of any delivery system must be accomplished by balancing competing priorities within the limited resources of families, community-based organizations, and state and local governments. Government agencies need to develop a process to determine where reform is most needed and can be achieved. Part of this is seeking cost efficiencies and appropriateness of care, especially in institutional settings, thereby making more dollars available to support community-based care.
- 3) Assure Quality and Accountability: All publicly financed delivery systems must assure clinical, programmatic, and fiscal accountability and

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<sup>133</sup> Links to the final reports of the Ohio Access for People with Disabilities can be found at [http://odmrdd.state.oh.us/Includes/Press\\_Releases/Publications\\_Reports.htm](http://odmrdd.state.oh.us/Includes/Press_Releases/Publications_Reports.htm).

compliance at federal, state, local, and provider levels. Responsibility must be clearly defined at each level to ensure significant aspects of program design, including quality assurance, consumer health and safety, and sufficient and appropriate match.

Governor Taft instructed members of his cabinet to conduct a broad review of the state's existing system of services for persons with disabilities, obtain feedback from the public, and make recommendations for improving these services over the next six years (2000-2005), consistent with the three guiding principles.

In response to the Governor's instruction, the Ohio Access for People with Disabilities Final Report was submitted to the Governor on February 28, 2001. The recommendations presented include, among others, the following:

**Match capacity with demand.** Put simply, expenditures for publicly funded care in Ohio are misaligned with the expectations and desires of Ohio's consumers. This misalignment has been created by federal and state reliance on institutional services over many years, including statutory reimbursement methodologies for institutional services, and the absence in most systems of a comprehensive state policy (such as Ohio Access) in favor of community-based services. The Governor's proposed budget [FYs 2002 and 2003] is an important first step in that it proposes adjustments to the current reimbursement system for institutional care that will slow the growth in the cost of these services, while at the same time investing an additional \$145 million in the expansion of home and community-based services for persons with disabilities. The state must work with existing private institutions and institutional providers to examine ways to transition to new models of community-based care and in diversifying their businesses.

**Generate and sustain the necessary resources to expand community services.** A review of successful system realignment efforts here in Ohio, as exemplified by the Mental Health Act of 1988, and in other states makes evident how essential comprehensive structural reform is in achieving a balanced and sustainable delivery system. Isolated program initiatives alone will not be effective. Financing, statutes, regulations, local infrastructure, and the support of affiliated public agencies must be strategically aligned to achieve the intended results. A sustained reduction of institutional capacity and funding will not occur without a comprehensive, strategic focus. Without a shift of some funding to community settings, alternative community services will not grow and be sustained.

Expected outcomes of this new vision include enhanced consumer: 1) independence, 2) personal dignity and responsibility, 3) access to community services and decreased reliance on institutional care settings, 4) quality of life, 5) health and safety, as well as 6) the most efficient use of limited funds. This approach will drive the development of home and community-based care choices in support of health, wellness and prevention of unnecessary, premature institutionalization. The future array of service alternatives will ensure options, including quality institutional care where it is clinically appropriate and cost-efficient, consistent with each consumer's need and desire. Home and community-based options should be the norm rather than the exception.

### Role of Developmental Centers

The Department of Mental Retardation and Developmental Disabilities included information on the changing role of developmental centers in its capital plan for FY 2003-2008:

The role of the developmental centers has been significantly redefined over the last few years. Centers now focus their efforts toward the provision of specialized services and residential care for clients with complex medical, behavioral, and other specialized needs. Program emphasis over the next six years in the developmental centers will place a continued emphasis on the provision of services for those who are dually diagnosed with severe behavior problems and the mentally retarded offender. However, this plan does not attempt to expand current capacity. The developmental center population has actually gone down from 2,011 to 1,965 since March 1999 when the Director was appointed.

The population of persons with MR/DD who are offenders has steadily increased as a result of challenges in Ohio's larger metropolitan areas. If requirements to serve mentally retarded offenders outside of our traditional scope of practice are mandated, we may need to request the legislature to appropriate additional capital funds. If needed, the Department will then request additional funding for specialized residential options for this population and the operating funds to assure we provide appropriate level of care for persons with significant mental retardation and developmental disabilities who are offenders. Collaboration between the Department of Youth Services and the Department of Rehabilitation and Correction will continue to expand to maximize our coordination of service for those already eligible for services by DMR [Department of Mental Retardation and Developmental Disabilities].

Along with the changing role of the developmental centers, further implementation of the supported living model enables individuals to exercise their choice of living arrangements that are less institutional and less costly. The Supported Living Program, administered by counties, provides the waiver and nonwaiver services and supports to the individual, and the Community Capital Assistance Grant assists in the acquisition of appropriate housing.

**Population in Developmental Centers**

The number of individuals in developmental centers has been decreasing over time. The chart below shows the population in developmental centers from 1957 to 2003.

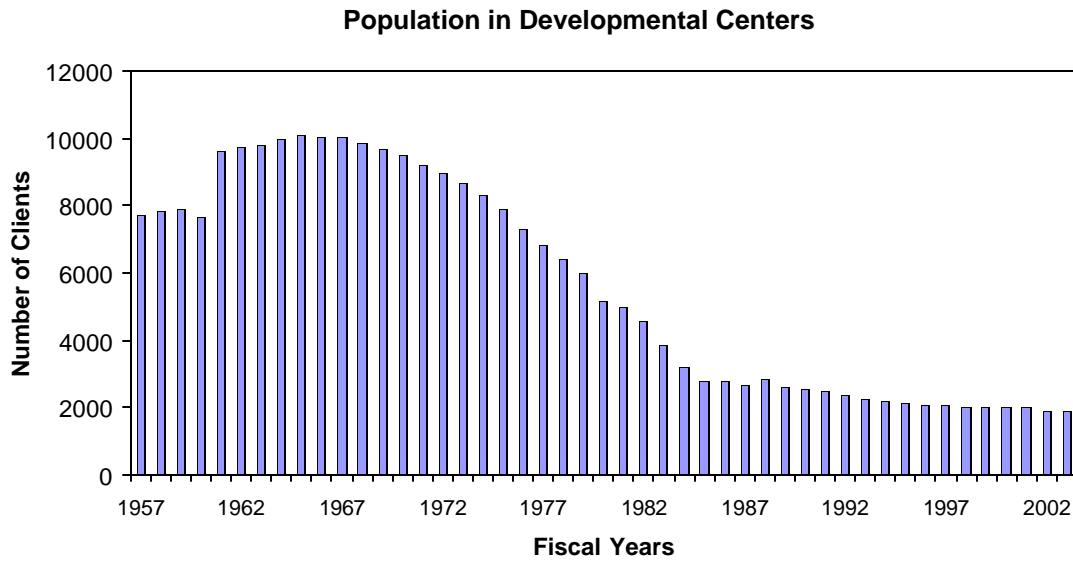


Table 1 provides data on admissions, discharges, and deaths at state-operated developmental centers over the last few years. This data shows that the number of individuals leaving developmental centers exceeds the numbers entering them.

Fiscal Year	Admissions	Discharges	Deaths	Net change*
2001	114	89	29	(4)
2002	97	119	38	(60)
2003	108	142	45	(79)

\* Admissions minus the sum of discharges and deaths.

**Section 13. The effect of the closure of Springview and Apple Creek developmental centers upon the state’s fiscal resources and fiscal status**

The Department of Mental Retardation and Developmental Disabilities provided LSC staff with cost reduction estimates for the closures of Springview and Apple Creek developmental centers. LSC staff analyzed these estimates and assumptions. Having reviewed the calculations with Department staff and having adjusted for updated information, LSC staff find the estimated net cost reductions in Table 1 and underlying assumptions to be reasonable.

Community Medicaid waiver match expenditures will continue as long as former developmental center residents continue to receive services. The net estimated reductions in costs stated for FY 2007 will continue annually thereafter, but can be expected to change over time due both to inflation and to reduction in the number of former residents who receive waiver services.

<b>Table 1. Estimated Total Cost Reduction Due to Closing of Apple Creek and Springview FYs 2004 through 2007</b>				
	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>
Apple Creek Developmental Center	\$851,743	\$2,705,010	\$3,546,732	\$9,133,679
Springview Developmental Center	\$253,465	\$968,116	\$3,903,147	\$4,193,683
<b>Total Cost Reductions from Closures</b>	<b>\$1,105,208</b>	<b>\$3,673,126</b>	<b>\$7,449,879</b>	<b>\$13,327,362</b>
Community Waiver Match Expenditures	\$559,736	\$2,813,339	\$5,118,887	\$6,874,587
<b>Net Cost Reduction</b>	<b>\$545,472</b>	<b>\$859,787</b>	<b>\$2,330,992</b>	<b>\$6,452,775</b>

Source: Ohio Department of Mental Retardation and Developmental Disabilities (3/10/04)

The remainder of this section will briefly describe how these estimations were calculated, including any assumptions. Appendix 13-1 contains tables detailing the estimated cost reductions for Springview and Apple Creek discussed below.

**Cost Reduction Calculations**

The estimates presented in Table 1 take into consideration the change in operating costs (personal services, maintenance and supplies, and equipment) that would occur should the developmental centers close. The estimates also take into account the federal share of these expenditures, and are adjusted for continuing costs,<sup>134</sup> lost federal reimbursement for bond interest payments and depreciation, early retirement incentive

<sup>134</sup> Continuing costs include security for the buildings and grounds, and general maintenance such as lawn mowing.

plan (ERIP) costs, and unemployment compensation. As an example, Table 2 below breaks down the Apple Creek estimate found in Table 1 for FY 2006. LSC staff selected FY 2006 because it contains examples of all the costs included in the cost reduction calculations.

<b>Table 2. Breakdown of Estimated Cost Reduction for Apple Creek for FY 2006</b>			
<b>Change in Operating Costs</b>	<b>Without Closure</b>	<b>With Planned Closure</b>	<b>Difference</b>
Personal Service	\$20,985,892	\$5,677,139	\$15,308,753
Maintenance & Supplies	\$2,104,764	\$1,303,674	\$801,090
Equipment	\$111,467	\$25,000	\$86,467
<b>Total Operating Costs</b>	<b>\$23,202,123</b>	<b>\$7,005,813</b>	<b>\$16,196,310</b>
<b>Determination of State Share of Difference</b>			
1% Non-Reimbursable			\$161,963
<b>Total That is Eligible for Federal Reimbursement</b>			<b>\$16,034,347</b>
State Match on Total Eligible for Federal Reimbursement			\$6,465,049
<b>Cost Reduction (State Match + Nonreimbursable)</b>			<b>\$6,627,012</b>
<b>Additional Costs Due to Closing</b>			
Continuing Costs		\$154,050	
Lost Federal Reimbursement, Bond Interest Expense		\$72,277	
Lost Federal Reimbursement, Depreciation Expense		\$218,633	
Early Retirement Incentive Plan Costs		\$1,791,594	
Unemployment Compensation		\$843,726	
<b>Total Additional Costs Due to Closing</b>		<b>\$3,080,280</b>	<b>\$3,080,280</b>
<b>Net Cost Reduction</b>			<b>\$3,546,732</b>

Source: Ohio Department of Mental Retardation and Developmental Disabilities (3/10/04)

Table 2 lists Apple Creek's FY 2006 estimated operating costs without closure, with the developmental center closed, and the difference. The difference is the total cost reduction. The federal government, via Medicaid reimbursements, would pay for some of these expenses if the developmental center continued to operate; therefore, it is necessary to determine the state's share of the cost reduction. The Department estimates that one percent of operating costs are not Medicaid reimbursable. These include costs associated with probated individuals not eligible for Medicaid, clothing costs, and burial costs. Subtracting the nonreimbursable from the total operating cost difference yields the total costs eligible for federal reimbursement. Multiplying this by the state's share (about 40%) yields the state match amount for the cost reduction. The state match amount plus the nonreimbursable amount equals the cost reduction.

The Department will have additional costs from closing the developmental centers that are not Medicaid reimbursable and will be fully paid for out of state funds. These costs include continuing costs, lost federal reimbursement from bond interest and depreciation, early retirement incentive plan costs, and unemployment compensation. Continuing costs include security for the buildings and grounds and general maintenance, such as lawn mowing. These costs will continue until the Department no longer owns the property. There could be a one-time revenue gain realized if the property is sold. For a complete analysis of the continuing costs following closure, including potential revenue, please see Section 9.

The Department can receive federal Medicaid reimbursement for bond interest payments and capital depreciation. These amounts will vary depending on the asset and the life of the asset. When the developmental centers are no longer being used, the Department can no longer receive federal reimbursement for bond interest payments for capital projects at the facility, nor can the Department receive federal reimbursement for the depreciation of capital assets. The Department estimates the loss of these funds to be about \$72,000 and \$119,000, respectively, for Apple Creek in FY 2006.

According to the Department, it will likely offer a one-year ERIP to eligible staff. It will be available to employees with 29 years or more of service, 24 years or more of service who are at least age 55, and employees with four years or more of service who are at least age 60. The ERIP cost estimate is based on eligible employees as of June 30, 2006. As of this writing, the latest data available shows that 96 employees will be eligible at Apple Creek. At an average cost of about \$22,500 per person, the ERIP costs for Apple Creek in FY 2006 are estimated to be about \$1.8 million.

The final additional cost to the Department from closing the facility is unemployment compensation. The assumption is that one staff person will become unemployed every time a client leaves a developmental center at an average cost for unemployment compensation of \$373 per week per employee for 26 weeks. Therefore, unemployment costs are estimated to be \$9,698 per unemployed person. It is also assumed that some employees will transfer to other developmental centers (10 for Apple Creek), some will retire (96 for Apple Creek), and others will leave prior to the closure (attrition). The unemployment cost in Table 2 above is calculated using these assumptions and an estimated 87 people receiving unemployment compensation in FY 2006.

The additional costs need to be totaled and subtracted from the cost reductions to get the net effect the closure has on state costs. For Apple Creek in FY 2006, the net reduction in costs is estimated to be about \$3.5 million.

Table 3 below shows a similar example for Springview. LSC staff selected FY 2005 because it contains examples of all the costs included in the cost reduction calculations. A noticeable difference between the Springview table and the Apple Creek



table is a 'nonreimbursables because of ceiling' line. Unlike Apple Creek, which has recently had its base Medicaid reimbursement rate recalculated, Springview's base rate has not been updated. As a result, Springview has expenditures that exceed the reimbursement rate, consequently the Department does not receive federal reimbursement for these costs. The Department hopes to have a new reimbursement rule in place by FY 2005, so this line is \$0 in Table 3. See Section 7 for more information on Medicaid rebasing.

<b>Table 3. Breakdown of Estimated Cost Reduction for Springview FY 2005</b>			
<b>Change in Operating Costs</b>	<b>Without Closure</b>	<b>With Proposed Closure</b>	<b>Difference</b>
Personal Service	\$9,564,375	\$4,087,159	\$5,477,216
Maintenance & Supplies	\$1,270,000	\$801,220	\$468,780
Equipment	\$120,750	\$49,287	\$71,463
<b>Total Operating Costs</b>	<b>\$10,955,125</b>	<b>\$4,937,666</b>	<b>\$6,017,459</b>
<b>Determination of State Share of Difference</b>			
20.39% Nonreimbursable Due to Ceilings			\$0
1% Nonreimbursable			\$60,175
<b>Total That is Eligible for Federal Reimbursement</b>			<b>\$5,957,284</b>
State Match on Total That is Eligible for Federal Reimbursement			\$2,401,977
<b>Savings (State Match + Nonreimbursables)</b>			<b>\$2,462,152</b>
<b>Additional Costs Due to Closing</b>			
Continuing Costs		\$260,150	
Lost Federal Reimbursement, Bond Interest Expense		\$34,757	
Lost Federal Reimbursement, Depreciation Expense		\$180,946	
Early Retirement Incentive Plan Costs		\$373,265	
Unemployment Compensation		\$644,917	
<b>Total Additional Costs Due to Closing</b>		<b>\$1,494,035</b>	<b>\$1,494,035</b>
<b>Net Cost Reduction</b>			<b>\$968,116</b>

The ERIP costs are based on an early retirement estimate of 21 staff. The unemployment compensation cost estimates are based on unemployment estimates of 62 staff for 26 weeks and 9 staff for 13 weeks at unemployment compensation of \$373 per week.

### **Community Medicaid Waiver Match Expenditure Calculations**

The Department has submitted to the Centers for Medicare and Medicaid Services (CMS) an application for a special home and community-based services Medicaid waiver

for (1) current residents of Springview or Apple Creek, (2) residents of other developmental centers whose move to the community will create a vacancy for a resident of Springview or Apple Creek, or (3) residents in private ICFs/MR whose move to the community will create a vacancy for a resident of Springview or Apple Creek. The Community Access Model (CAM) Medicaid waiver will have a cost cap of approximately \$85,000. The CAM waiver will also include community transition services, which will have a one-time cost cap of \$3,500 for each individual. The Department has committed to pay the entire nonfederal share of the waiver costs for each individual enrolled on the CAM waiver (approximately \$35,000) and community transition costs (approximately \$1,400).

The Department has also committed capital dollars to the counties to develop housing for individuals being placed in the community as a result of the developmental center closures. For each individual placed that the county has to purchase new housing for, the Department will reimburse the county one-third of the median cost of a house in that county. In addition, the Department will reimburse each county in which a person is moved into the community because of a developmental center closure up to \$5,000 for residential renovations, \$10,000 for residential handicap accessibility modifications, and \$25,000 in any of the 20 counties that still need a handicap accessibility project for its adult services program to accept an eligible individual. Because these capital funds have already been budgeted, it is assumed that if they were not used for community housing, they would be used elsewhere in the MR/DD system and would not result in a cost reduction because of the closure of a developmental center.

Since CMS has not yet approved the CAM waiver, the Department has been using Individual Options (IO) Medicaid waiver slots for individuals who have been placed or will be placed into the community due to developmental center closures. The IO waiver does not include transition costs. Consequently, the Department will pay 100% (up to the \$3,500 cost cap) for any transition costs. Under the CAM waiver, the Department would have to supply only the nonfederal share of the transitional costs since this would be an allowable service under that waiver.

When estimating the community Medicaid waiver match expenditures found in Table 1 above, the Department took into consideration the type of waiver the client would be on, the estimated date that the client will be moving out of a developmental center, and the state's share of the \$3,500 transition costs. These Medicaid waiver costs, less the transition costs, will continue for the life of the resident. Appendix 13-2 contains a detailed breakdown of the Medicaid waiver cost estimations, including the capital expenditures.

# Appendix I-1

GOVERNORS OFFICE

ODMR/DD CONSTITUENT SVCS

614-752-5302

T-897 P.02/02 F-925

**BOB TAFT**  
GOVERNOR  
STATE OF OHIO

January 30, 2004

The Honorable Larry Householder  
Ohio House of Representatives  
77 S. High Street  
Columbus, Ohio 43215

The Honorable Doug White  
Ohio Senate  
Statehouse  
Columbus, Ohio 43215

Dear Mr. Speaker and Mr. President;

Pursuant to paragraph (G) of section 5123.032 of the Ohio Revised Code, please accept this as notification of my prior announcement and my continued intention to close the Springview Developmental Center, effective July 2005, and Apple Creek Developmental Center, effective July 2006.

Sincerely,



Bob Taft  
Governor

cc: Ken Ritchey, Director, ODMR/DD

# Appendix 1-1

STATE OF OHIO  
DEPARTMENT OF MENTAL RETARDATION  
AND DEVELOPMENTAL DISABILITIES

5123:2-17-02 INCIDENTS ADVERSELY AFFECTING HEALTH AND SAFETY.

(A) PURPOSE

THE PURPOSE OF THIS RULE IS TO DEFINE AND ESTABLISH A SYSTEM TO REPORT, INVESTIGATE, REVIEW, REMEDY, AND ANALYZE INCIDENTS ADVERSELY AFFECTING THE HEALTH AND SAFETY OF INDIVIDUALS AND TO MONITOR PREVENTATIVE ACTIONS TAKEN TO ENSURE HEALTH AND SAFETY.

(B) APPLICATION

THIS RULE SHALL APPLY TO COUNTY BOARDS, DEVELOPMENTAL CENTERS, AND PROVIDERS. NOTHING IN THIS RULE SHALL RELIEVE ANY PERSON OF THE RESPONSIBILITY TO COMPLY WITH SECTION 5123.61 OF THE REVISED CODE.

(C) DEFINITIONS

AS USED IN THIS RULE, THE FOLLOWING DEFINITIONS SHALL APPLY:

- (1) "COUNTY BOARD" MEANS A COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ESTABLISHED UNDER CHAPTER 5126. OF THE REVISED CODE AND OPERATING INDEPENDENTLY IN ITS ADMINISTRATIVE CAPACITY OR A REGIONAL COUNCIL OF GOVERNMENT FORMED UNDER CHAPTER 167. OF THE REVISED CODE WHEN IT INCLUDES AT LEAST ONE COUNTY BOARD.
- (2) "DEPARTMENT" MEANS THE OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES.
- (3) "DEVELOPMENTAL CENTER" MEANS A FACILITY UNDER THE MANAGING RESPONSIBILITY OF THE DEPARTMENT.
- (4) "ICF/MR" MEANS AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED.

- (5) "INDIVIDUAL" MEANS A PERSON WITH MENTAL RETARDATION OR OTHER DEVELOPMENTAL DISABILITIES.
- (6) "MAJOR UNUSUAL INCIDENT" MEANS THE ALLEGED, SUSPECTED, OR ACTUAL OCCURRENCE OF AN INCIDENT THAT ADVERSELY AFFECTS THE HEALTH AND SAFETY OF AN INDIVIDUAL, INCLUDING ACTS COMMITTED OR ALLEGEDLY COMMITTED BY ONE INDIVIDUAL AGAINST ANOTHER INDIVIDUAL. MAJOR UNUSUAL INCIDENTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
- (a) ABUSE. "ABUSE" MEANS ANY OF THE FOLLOWING:
- (i) PHYSICAL ABUSE. "PHYSICAL ABUSE" MEANS THE USE OF PHYSICAL FORCE THAT CAN BE REASONABLY EXPECTED TO RESULT IN PHYSICAL HARM OR SERIOUS PHYSICAL HARM AS THOSE TERMS ARE DEFINED IN SECTION 2901.01 OF THE REVISED CODE. SUCH FORCE INCLUDES, BUT IS NOT LIMITED TO, HITTING, SLAPPING, PUSHING, OR THROWING OBJECTS AT AN INDIVIDUAL.
- (ii) SEXUAL ABUSE. "SEXUAL ABUSE" MEANS UNLAWFUL SEXUAL CONDUCT OR SEXUAL CONTACT AS THOSE TERMS ARE DEFINED IN SECTION 2907.01 OF THE REVISED CODE.
- (iii) VERBAL ABUSE. "VERBAL ABUSE" MEANS USING WORDS TO THREATEN, COERCE, INTIMIDATE, HARASS, OR HUMILIATE AN INDIVIDUAL. FOR PURPOSES OF THIS RULE, "VERBAL ABUSE" ALSO MEANS USING GESTURES TO THREATEN, COERCE, INTIMIDATE, HARASS, OR HUMILIATE AN INDIVIDUAL.
- (b) MISAPPROPRIATION. "MISAPPROPRIATION" MEANS DEPRIVING, DEFRAUDING, OR OTHERWISE OBTAINING THE REAL OR PERSONAL PROPERTY OF AN INDIVIDUAL BY ANY MEANS PROHIBITED BY THE REVISED CODE, INCLUDING CHAPTERS 2911. AND 2913. OF THE REVISED CODE.



- (c) NEGLECT. "NEGLECT" MEANS, WHEN THERE IS A DUTY TO DO SO, FAILING TO PROVIDE AN INDIVIDUAL WITH ANY TREATMENT, CARE, GOODS, SUPERVISION, OR SERVICES NECESSARY TO MAINTAIN THE HEALTH AND SAFETY OF THE INDIVIDUAL.
- (d) THE DEATH, BY ANY CAUSE, OF AN INDIVIDUAL.
- (e) ANY INCIDENT INVOLVING AN INDIVIDUAL THAT REQUIRES THE INVOLVEMENT OF LAW ENFORCEMENT AND RESULTS IN THE ARREST OF, FILING CHARGES AGAINST, OR INCARCERATION OF THE INDIVIDUAL.
- (f) ATTEMPTED SUICIDE BY THE INDIVIDUAL, REGARDLESS OF WHETHER ANY HARM RESULTED.
- (g) FIRE, NATURAL DISASTER, OR MECHANICAL FAILURE AT ANY PLACE AT WHICH THE INDIVIDUAL RECEIVES SERVICES THAT RESULTS IN OVERNIGHT RELOCATION OF THE INDIVIDUAL OR AN INABILITY TO PROVIDE THE INDIVIDUAL WITH SERVICES FOR AT LEAST A TWENTY-FOUR-HOUR PERIOD.
- (h) AN INCIDENT IN WHICH AN INDIVIDUAL CAN NOT BE LOCATED FOR A PERIOD OF TIME LONGER THAN EIGHT HOURS UNLESS ONE OF THE FOLLOWING CIRCUMSTANCES EXISTS:
  - (i) THE INDIVIDUAL'S PLAN SPECIFIES A DIFFERENT PERIOD OF TIME;
  - (ii) PRIOR ARRANGEMENTS HAVE BEEN MADE FOR THE INDIVIDUAL TO BE GONE FOR A PERIOD OF TIME LONGER THAN EIGHT HOURS; OR
  - (iii) OTHER CIRCUMSTANCES INDICATE THAT THE INDIVIDUAL IS IN IMMEDIATE JEOPARDY, INCLUDING NOTIFICATION TO LAW ENFORCEMENT.
- (i) MEDICAL EMERGENCY. "MEDICAL EMERGENCY" MEANS THE SUDDEN ONSET OF A MEDICAL

CONDITION THAT REQUIRES EMERGENCY MEDICAL INTERVENTION.

- (j) ANY UNPLANNED OR UNSCHEDULED HOSPITAL ADMISSION.
  - (k) ANY INJURY OF AN UNKNOWN OR SUSPICIOUS ORIGIN THAT REQUIRES TREATMENT THAT ONLY A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER CAN PROVIDE, OR ANY INJURY OF A KNOWN OR NON-SUSPICIOUS ORIGIN THAT HAS A SIGNIFICANT IMPACT ON THE INDIVIDUAL'S PHYSICAL HEALTH.
  - (l) THE USE OF ANY BEHAVIOR SUPPORT METHOD, INCLUDING RESTRAINT OR TIME-OUT, THAT IS IMPLEMENTED IN A MANNER PROHIBITED BY RULES PROMULGATED BY THE DEPARTMENT OR BY FEDERAL REGULATION OR RULES.
  - (m) ANY VIOLATION OF THE RIGHTS ENUMERATED IN SECTION 5123.62 OF THE REVISED CODE THAT ADVERSELY AFFECT THE HEALTH OR SAFETY OF AN INDIVIDUAL.
  - (n) A SERIES OF SIMILAR UNUSUAL INCIDENTS THAT MAY HAVE AN IMPACT ON THE HEALTH AND SAFETY OF AN INDIVIDUAL AS DETERMINED DURING THE WEEKLY REVIEW CONDUCTED PURSUANT TO PARAGRAPH (H) (2) OF THIS RULE.
- (7) "PROVIDER" MEANS ALL PERSONS AND ENTITIES THAT PROVIDE SPECIALIZED SERVICES, AS DEFINED IN SECTION 5126.281 OF THE REVISED CODE, AND THAT ARE SUBJECT TO REGULATION BY THE DEPARTMENT REGARDLESS OF SOURCE OF PAYMENT, INCLUDING A RESPITE CARE PROVIDER CERTIFIED UNDER SECTION 5123.171 OF THE REVISED CODE, A PROVIDER LICENSED UNDER SECTION 5123.19 OF THE REVISED CODE OR CERTIFIED UNDER SECTION 5126.431 OF THE REVISED CODE, AND A PROVIDER APPROVED TO PROVIDE MEDICAID SERVICES UNDER HOME AND COMMUNITY-BASED SERVICES WAIVERS ADMINISTERED BY THE DEPARTMENT. "PROVIDER" INCLUDES A COUNTY BOARD WHEN PROVIDING THE SERVICES OR COUNTY BOARD CONTRACTING ENTITY



AS DEFINED IN SECTION 5126.281 OF THE REVISED  
CODE.

- (8) "UNUSUAL INCIDENT" MEANS AN EVENT OR OCCURRENCE INVOLVING AN INDIVIDUAL THAT IS NOT CONSISTENT WITH ROUTINE OPERATION, POLICIES, PROCEDURES, OR THE CARE AND HABILITATION PLAN OF THE INDIVIDUAL, BUT IS NOT A MAJOR UNUSUAL INCIDENT AS DEFINED IN THIS RULE. ADMINISTRATION OF INCORRECT MEDICATION OR FAILURE TO ADMINISTER MEDICATION AS PRESCRIBED SHALL BE CONSIDERED AND REPORTED AS AN UNUSUAL INCIDENT UNLESS THE MEDICATION ERROR WOULD OTHERWISE CONSTITUTE A MAJOR UNUSUAL INCIDENT.
- (9) "WORKING DAY" MEANS MONDAY, TUESDAY, WEDNESDAY, THURSDAY, OR FRIDAY, EXCEPT WHEN THAT DAY IS A HOLIDAY AS DEFINED IN SECTION 1.14 OF THE REVISED  
CODE.

(D) NOTIFICATION AND REPORTING REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

- (1) IMMEDIATELY UPON IDENTIFICATION OR NOTIFICATION OF A MAJOR UNUSUAL INCIDENT, THE PROVIDER SHALL TAKE ALL REASONABLE MEASURES TO ENSURE THE HEALTH AND SAFETY OF ALL INDIVIDUALS SERVED. THE PROVIDER AND COUNTY BOARD SHALL DISCUSS ANY DISAGREEMENTS REGARDING REASONABLE MEASURES IN ORDER TO RESOLVE THEM. IF THE PROVIDER AND COUNTY BOARD ARE UNABLE TO REACH AN AGREEMENT, THE DEPARTMENT SHALL MAKE THE DETERMINATION. SUCH MEASURES SHALL INCLUDE:
- (a) IMMEDIATE AND ONGOING MEDICAL ATTENTION, AS APPROPRIATE;
- (b) REMOVAL OF AN EMPLOYEE FROM DIRECT CONTACT WHEN THE EMPLOYEE IS ALLEGED TO HAVE BEEN INVOLVED IN ABUSE OR NEGLECT UNTIL SUCH TIME AS THE PROVIDER HAS SUFFICIENTLY DETERMINED THAT SUCH REMOVAL IS NO LONGER NECESSARY;
- (c) OTHER MEASURES TO PROTECT THE HEALTH AND SAFETY OF THE INDIVIDUAL, AS NECESSARY.



- (2) NOTHING IN THIS RULE SHALL PROHIBIT A PROVIDER FROM CONTACTING LAW ENFORCEMENT OR THE PUBLIC CHILDREN SERVICES AGENCY PRIOR TO NOTIFYING THE COUNTY BOARD PURSUANT TO PARAGRAPH (D) (3) OF THIS RULE.
- (3) THE PROVIDER SHALL IMMEDIATELY NOTIFY THE COUNTY BOARD BY TELEPHONE OR OTHER ELECTRONIC MEANS IDENTIFIED BY THE COUNTY BOARD UNDER ANY OF THE FOLLOWING CIRCUMSTANCES:
  - (a) THE MAJOR UNUSUAL INCIDENT REQUIRES NOTIFICATION OF A LAW ENFORCEMENT AGENCY;
  - (b) THE MAJOR UNUSUAL INCIDENT REQUIRES NOTIFICATION OF A PUBLIC CHILDREN SERVICES AGENCY;
  - (c) THE PROVIDER HAS RECEIVED INQUIRIES FROM THE MEDIA REGARDING A MAJOR UNUSUAL INCIDENT THAT HAS NOT BEEN PREVIOUSLY REPORTED; OR
  - (d) THE MAJOR UNUSUAL INCIDENT RAISES IMMEDIATE CONCERNS REGARDING THE INDIVIDUAL'S HEALTH AND SAFETY SUCH THAT MORE IMMEDIATE NOTIFICATION REGARDING THE INCIDENT IS NECESSARY.
- (4) THE PROVIDER SHALL SUBMIT A WRITTEN INCIDENT REPORT TO THE COUNTY BOARD BY FIVE P.M. THE NEXT WORKING DAY FOLLOWING THE PROVIDER'S INITIAL KNOWLEDGE OF ANY MAJOR UNUSUAL INCIDENT. THIS REPORT SHALL BE SUBMITTED IN A FORMAT PRESCRIBED BY THE DEPARTMENT.
- (5) AS SOON AS PRACTICABLE, BUT NO LATER THAN TWENTY-FOUR HOURS AFTER BECOMING AWARE OF A MAJOR UNUSUAL INCIDENT, THE PROVIDER SHALL VERBALLY NOTIFY THE LEGAL GUARDIAN OR ADVOCATE SELECTED BY THE INDIVIDUAL, UNLESS THE LEGAL GUARDIAN OR ADVOCATE IS THE PRIMARY PERSON INVOLVED THAT FORMS THE BASIS FOR THE REPORTED INCIDENT. IF THE PROVIDER IS UNABLE TO VERBALLY NOTIFY THE GUARDIAN OR ADVOCATE, THE PROVIDER SHALL DOCUMENT ALL EFFORTS MADE TO COMPLY.

- (6) IMMEDIATELY UPON NOTIFICATION OF A REPORT OF A MAJOR UNUSUAL INCIDENT FROM A PROVIDER, THE COUNTY BOARD SHALL NOTIFY THE FOLLOWING PARTIES:
- (a) THE LAW ENFORCEMENT AGENCY, AS DEFINED IN SECTION 5123.61 OF THE REVISED CODE, HAVING JURISDICTION OVER THE LOCATION AT WHICH THE INCIDENT OCCURRED IF THE MAJOR UNUSUAL INCIDENT INCLUDES CONDUCT THAT WOULD CONSTITUTE A POSSIBLE CRIMINAL ACT, INCLUDING ABUSE OR NEGLECT. THIS REPORT SHALL BE MADE IMMEDIATELY UPON NOTIFICATION THAT THE INCIDENT HAS OCCURRED.
  - (b) THE LOCAL PUBLIC CHILDREN SERVICES AGENCY AND MUNICIPAL OR COUNTY PEACE OFFICER IN THE COUNTY IN WHICH THE INDIVIDUAL RESIDES PURSUANT TO SECTION 2151.421 OF THE REVISED CODE AND RULES ADOPTED PURSUANT TO THAT SECTION, IF THE INDIVIDUAL IS UNDER TWENTY-ONE YEARS OF AGE AND MEETS THE DEFINITION OF AN ABUSED OR NEGLECTED CHILD AS DEFINED IN SECTIONS 2151.03 AND 2151.031 OF THE REVISED CODE. THIS REPORT SHALL BE MADE NO LATER THAN TWENTY-FOUR HOURS AFTER THE COUNTY BOARD'S RECEIPT OF THE INITIAL NOTIFICATION FROM THE PROVIDER PURSUANT TO PARAGRAPH (D) (3) OF THIS RULE.
  - (c) THE SERVICE AND SUPPORT ADMINISTRATOR, UNLESS THAT PERSON IS THE PRIMARY PERSON INVOLVED THAT FORMS THE BASIS FOR THE REPORTED INCIDENT.
  - (d) WHEN AN INCIDENT OCCURS AT A PROGRAM OPERATED BY A COUNTY BOARD OR COUNTY BOARD CONTRACTING ENTITY, THE LICENSED OR CERTIFIED PROVIDER OF RESIDENTIAL OR SUPPORTED LIVING SERVICES WHERE THE INDIVIDUAL RESIDES.
- (7) BY FIVE P.M. ON THE WORKING DAY IMMEDIATELY FOLLOWING RECEIPT OF THE WRITTEN INCIDENT REPORT SUBMITTED BY THE PROVIDER PURSUANT TO PARAGRAPH



(D) (4) OF THIS RULE, THE COUNTY BOARD SHALL ENTER PRELIMINARY INFORMATION REGARDING THE INCIDENT THROUGH THE ONLINE SYSTEM ESTABLISHED BY THE DEPARTMENT.

- (8) THE DEPARTMENT SHALL NOTIFY OHIO LEGAL RIGHTS SERVICE OF ALL REPORTED ALLEGATIONS OF ABUSE, NEGLECT, AND MAJOR UNUSUAL INCIDENTS IN ACCORDANCE WITH SECTION 5123.604 OF THE REVISED CODE.
- (9) THE COUNTY BOARD SHALL DESIGNATE A CONTACT PERSON TO RECEIVE OR MANAGE RECEIPT OF ALL REPORTS REQUIRED UNDER PARAGRAPH (D) OF THIS RULE AND SHALL ENSURE THAT A SYSTEM EXISTS WHEREBY PROVIDERS MAY MAKE ALL REPORTS REQUIRED BY THIS RULE, AND THAT THIS SYSTEM IS COMMUNICATED TO PROVIDERS.
- (10) IF THE PROVIDER IS A DEVELOPMENTAL CENTER, ALL REPORTS REQUIRED BY THIS RULE SHALL BE MADE DIRECTLY TO THE DEPARTMENT OR AS SPECIFIED BY THE DEPARTMENT.

(E) INVESTIGATING MAJOR UNUSUAL INCIDENTS

- (1) IMMEDIATELY UPON RECEIPT OF A REPORT OF A MAJOR UNUSUAL INCIDENT, THE COUNTY BOARD SHALL REVIEW THE INCIDENT TO ENSURE THAT THE PROVIDER HAS TAKEN ALL REASONABLE MEASURES NECESSARY TO PROTECT THE HEALTH AND SAFETY OF THE INDIVIDUAL(S) AND DETERMINE WHETHER ANY ADDITIONAL ACTIONS MUST BE TAKEN. THE COUNTY BOARD MAY REQUEST THAT THIS REVIEW BE CONDUCTED BY ANOTHER COUNTY BOARD, A REGIONAL COUNCIL OF GOVERNMENT, THE DEPARTMENT, OR ANY OTHER GOVERNMENT ENTITY AUTHORIZED TO CONDUCT INVESTIGATIONS IF ANY OF THE CIRCUMSTANCES SPECIFIED IN PARAGRAPHS (E) (5) (a) AND (E) (5) (b) OF THIS RULE ARE PRESENT.
- (2) THE COUNTY BOARD SHALL IMMEDIATELY COMMENCE AN INVESTIGATION USING THE INVESTIGATION PROTOCOL SET FORTH IN THE APPENDIX TO THIS RULE, IF THE

MAJOR UNUSUAL INCIDENT INVOLVES ANY OF THE FOLLOWING:

- (a) ABUSE, NEGLECT, OR MISAPPROPRIATION;
  - (b) ANY INJURY OF AN UNKNOWN OR SUSPICIOUS ORIGIN AS DEFINED IN PARAGRAPH (C) (6) (k) OF THIS RULE;
  - (c) SUSPICIOUS OR ACCIDENTAL DEATH;
  - (d) THE INDIVIDUAL CANNOT BE LOCATED PURSUANT TO PARAGRAPH (C) (6) (h) OF THIS RULE; OR
  - (e) ANY OTHER MAJOR UNUSUAL INCIDENT THE COUNTY BOARD DETERMINES SHOULD BE INVESTIGATED BASED ON A REVIEW OF THE INCIDENT CONDUCTED UNDER PARAGRAPH (E) (1) OF THIS RULE.
- (3) THE COUNTY BOARD SHALL EMPLOY AT LEAST ONE INVESTIGATIVE AGENT OR CONTRACT WITH A PERSON OR GOVERNMENT ENTITY, INCLUDING ANOTHER COUNTY BOARD OR A REGIONAL COUNCIL OF GOVERNMENT, FOR THE SERVICES OF AN INVESTIGATIVE AGENT PURSUANT TO SECTION 5126.221 OF THE REVISED CODE. AN INVESTIGATIVE AGENT SHALL BE CERTIFIED BY THE DEPARTMENT PURSUANT TO RULES ADOPTED UNDER SECTION 5126.25 OF THE REVISED CODE.
- (4) THE DEPARTMENT MAY CONDUCT A SEPARATE REVIEW OR INVESTIGATION OF ANY MAJOR UNUSUAL INCIDENT, OR MAY REQUEST THAT A SEPARATE REVIEW OR INVESTIGATION BE CONDUCTED BY ANOTHER COUNTY BOARD, A REGIONAL COUNCIL OF GOVERNMENT, OR ANY OTHER ENTITY AUTHORIZED TO CONDUCT SUCH INVESTIGATIONS. IF A SEPARATE INVESTIGATION IS CONDUCTED, THE INVESTIGATION SHALL BE COMPLETED WITHIN THIRTY DAYS, UNLESS THE INVESTIGATION IS BEING CONDUCTED BY A LAW ENFORCEMENT AGENCY OR LOCAL PUBLIC CHILDREN SERVICES AGENCY.
- (5) A SEPARATE INVESTIGATION SHALL BE CONDUCTED IF THE FOLLOWING CIRCUMSTANCES ARE PRESENT:



- (a) THE MAJOR UNUSUAL INCIDENT INCLUDES AN ALLEGATION THAT THE PERSON RESPONSIBLE FOR THE INCIDENT IS:
- (i) THE SUPERINTENDENT OF A COUNTY BOARD OR THE EXECUTIVE DIRECTOR OF A REGIONAL COUNCIL OF GOVERNMENT;
  - (ii) A COUNTY BOARD MANAGEMENT EMPLOYEE AS SPECIFIED IN SECTION 5126.22 OF THE REVISED CODE;
  - (iii) A CURRENT MEMBER OF A COUNTY BOARD APPOINTED PURSUANT TO SECTION 5126.02 OF THE REVISED CODE; OR
  - (iv) A PERSON HAVING ANY KNOWN RELATIONSHIP WITH ANY OF THE PERSONS SPECIFIED IN PARAGRAPHS (E)(5)(a)(i) TO (E)(5)(a)(iii) OF THIS RULE.
- (b) THE MAJOR UNUSUAL INCIDENT INCLUDES AN ALLEGATION THAT AN EMPLOYEE OF THE COUNTY BOARD IS RESPONSIBLE FOR THE DEATH OF AN INDIVIDUAL, HAS COMMITTED SEXUAL ABUSE AGAINST AN INDIVIDUAL, OR HAS COMMITTED ANY OTHER ABUSE OR NEGLECT AGAINST AN INDIVIDUAL THAT HAS RESULTED IN AN EMERGENCY ROOM VISIT OR HOSPITALIZATION.
- (c) A COUNTY BOARD OR DEVELOPMENTAL CENTER HAS REQUESTED THAT THE DEPARTMENT CONDUCT A SEPARATE INVESTIGATION, AND THE DEPARTMENT HAS DETERMINED THAT THERE IS A REASONABLE BASIS FOR THE REQUEST.
- (d) AN INDIVIDUAL, ADVOCATE SELECTED BY THE INDIVIDUAL, OR THE LEGAL GUARDIAN, AS APPLICABLE, OR PROVIDER HAS MADE A COMPLAINT TO THE DEPARTMENT REGARDING AN INVESTIGATION CONDUCTED BY A COUNTY BOARD OR DEVELOPMENTAL CENTER, AND THE DEPARTMENT HAS DETERMINED THAT THERE IS A REASONABLE BASIS FOR THE COMPLAINT.

- (6) IF THE PROVIDER IS AN ICF/MR, THE ICF/MR SHALL INVESTIGATE ALL MAJOR UNUSUAL INCIDENTS INVOLVING INDIVIDUALS RECEIVING SERVICES FROM THE ICF/MR. THIS INVESTIGATION SHALL BE CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL REGULATIONS, INCLUDING 42 C.F.R. 483.420.
- (7) IF THE MAJOR UNUSUAL INCIDENT INVOLVES AN INDIVIDUAL RESIDING IN AN ICF/MR, INCLUDING A DEVELOPMENTAL CENTER, AND THE INCIDENT OCCURS AT A PROGRAM OPERATED BY THE COUNTY BOARD OR A COUNTY BOARD CONTRACTING ENTITY, THE COUNTY BOARD SHALL BE RESPONSIBLE FOR ENSURING COMPLIANCE WITH ALL REQUIREMENTS OF THIS RULE. THIS PARAGRAPH SHALL NOT AFFECT THE RESPONSIBILITY OF AN ICF/MR TO INVESTIGATE REPORTS OF ABUSE AND NEGLECT AS REQUIRED BY FEDERAL REGULATIONS.
- (8) AN ICF/MR, EXCLUDING A DEVELOPMENTAL CENTER, SHALL SUBMIT TO THE COUNTY BOARD A COPY OF ITS INVESTIGATION REPORT WITHIN FOURTEEN DAYS OF BECOMING AWARE OF A MAJOR UNUSUAL INCIDENT.
- (9) IF THE PROVIDER IS NOT AN ICF/MR, THE PROVIDER MAY CONDUCT A SEPARATE INVESTIGATION OF ANY MAJOR UNUSUAL INCIDENT. IF THE PROVIDER CONDUCTS A SEPARATE INVESTIGATION, THE PROVIDER SHALL SUBMIT TO THE COUNTY BOARD A COPY OF ITS INVESTIGATION REPORT WITHIN FOURTEEN DAYS OF BECOMING AWARE OF A MAJOR UNUSUAL INCIDENT.
- (10) IF THE MAJOR UNUSUAL INCIDENT OCCURS AT AN ICF/MR OPERATED BY A COUNTY BOARD, THE COUNTY BOARD SHALL SUBMIT TO THE DEPARTMENT A COPY OF THE REPORT PREPARED FOR ITS ADMINISTRATOR PURSUANT TO 42 C.F.R. 483.420 IN ADDITION TO ALL OTHER REPORTS REQUIRED BY THIS RULE.
- (11) THE PROVIDER SHALL COOPERATE WITH ALL INVESTIGATIONS CONDUCTED BY OTHER ENTITIES, AND SHALL RESPOND TO ALL REQUESTS FOR ADDITIONAL INFORMATION MADE BY THE DEPARTMENT, COUNTY BOARD, OR ANY INVESTIGATING ENTITY AS SOON AS PRACTICABLE BUT WITHIN FIVE WORKING DAYS OF RECEIPT OF THE REQUEST.



- (12) THE COUNTY BOARD SHALL SUBMIT A REPORT ON THE INVESTIGATION TO THE DEPARTMENT WITHIN THIRTY WORKING DAYS OF THE RECEIPT OF A REPORT OF A MAJOR UNUSUAL INCIDENT. THE REPORT SHALL BE SUBMITTED THROUGH THE ONLINE SYSTEM ESTABLISHED BY THE DEPARTMENT.
- (13) THE COUNTY BOARD MAY REQUEST REASONABLE EXTENSIONS OF THE TIME PERIOD FOR SUBMISSION OF THE REPORT. THE DEPARTMENT SHALL GRANT SUCH EXTENSIONS FOR GOOD CAUSE. IF ANY EXTENSION IS GRANTED, THE DEPARTMENT MAY REQUIRE SUBMISSION OF INTERIM REPORTS, AND SHALL IDENTIFY ALTERNATIVE ACTIONS THAT MAY ASSIST WITH THE TIMELY CONCLUSION OF THE REPORT.
- (14) THE COUNTY BOARD SHALL PROVIDE A WRITTEN SUMMARY OF THE INVESTIGATION FINDINGS TO THE INDIVIDUAL, ADVOCATE SELECTED BY THE INDIVIDUAL, OR THE LEGAL GUARDIAN, AS APPLICABLE, AND THE PROVIDER AT LEAST FIVE WORKING DAYS PRIOR TO SUBMISSION OF THE REPORT TO THE DEPARTMENT PURSUANT TO PARAGRAPH (E)(12) OF THIS RULE. THE WRITTEN SUMMARY SHALL BE PROVIDED IN A FORMAT PRESCRIBED BY THE DEPARTMENT AND INCLUDE A STATEMENT OF THE FACTS AND FINDINGS OF THE INVESTIGATION, INCLUDING ALL PREVENTATIVE MEASURES IMPLEMENTED IN RESPONSE TO THE INCIDENT.
- (a) THE COUNTY BOARD SHALL NOTIFY THE INDIVIDUAL, ADVOCATE SELECTED BY THE INDIVIDUAL, OR THE LEGAL GUARDIAN, AS APPLICABLE, AND THE PROVIDER OF THE RIGHT TO SUBMIT WRITTEN COMMENTS TO THE BOARD REGARDING THE INVESTIGATION'S CONCLUSION AND ANY PREVENTATIVE MEASURES IMPLEMENTED IN RESPONSE TO THE INCIDENT. ANY WRITTEN COMMENTS RECEIVED BY THE COUNTY BOARD SHALL BE SUBMITTED TO THE DEPARTMENT.
- (b) ANY INDIVIDUAL, LEGAL GUARDIAN, FAMILY MEMBER, OR PROVIDER THAT HAS RECEIVED A WRITTEN REPORT PURSUANT TO PARAGRAPH (E)(14) OF THIS RULE MAY DISPUTE THE FINDING BY

FOLLOWING THE PROCEDURES SET FORTH IN RULES  
5123:2-1-12 AND 5123:2-17-01 OF THE  
ADMINISTRATIVE CODE.

- (F) REVIEW, REMEDY, AND PREVENTION OF MAJOR UNUSUAL INCIDENTS
- (1) THE PROVIDER SHALL DEVELOP AND IMPLEMENT A WRITTEN PROCEDURE FOR THE INTERNAL REVIEW OF ALL MAJOR UNUSUAL INCIDENTS. THE PROVIDER SHALL BE RESPONSIBLE FOR TAKING ALL REASONABLE STEPS NECESSARY TO PREVENT THE REOCCURRENCE OF MAJOR UNUSUAL INCIDENTS.
  - (2) THE COUNTY BOARD AND PROVIDER SHALL JOINTLY DETERMINE WHAT CONSTITUTES REASONABLE STEPS NECESSARY TO PREVENT THE REOCCURRENCE OF MAJOR UNUSUAL INCIDENTS. IF THE COUNTY BOARD AND PROVIDER ARE UNABLE TO REACH AGREEMENT, THE DEPARTMENT SHALL MAKE THE DETERMINATION. IF THE COUNTY BOARD OR PROVIDER LACKS SUFFICIENT RESOURCES TO TAKE SUCH STEPS, THE COUNTY BOARD OR PROVIDER MAY MAKE A WRITTEN REQUEST FOR ASSISTANCE FROM THE DEPARTMENT. THE DEPARTMENT SHALL CONSIDER REQUESTS FOR ASSISTANCE MADE PURSUANT TO THIS PARAGRAPH AND SHALL ENSURE THAT ALL ACTIONS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF INDIVIDUALS SERVED ARE TAKEN.
  - (3) THE DEPARTMENT SHALL REVIEW EACH REPORT SUBMITTED BY A COUNTY BOARD OR DEVELOPMENTAL CENTER. THE DEPARTMENT MAY OBTAIN ADDITIONAL INFORMATION NECESSARY TO CONDUCT THIS REVIEW, INCLUDING COPIES OF ALL INVESTIGATION REPORTS THAT HAVE BEEN PREPARED. SUCH ADDITIONAL INFORMATION SHALL BE PROVIDED WITHIN THE TIME PERIOD SPECIFIED BY THE DEPARTMENT.
  - (4) THE DEPARTMENT SHALL DETERMINE WHEN TO CLOSE CASES OF ABUSE, NEGLECT, MISAPPROPRIATION, DEATH, AND ANY CASES INVESTIGATED BY THE DEPARTMENT PURSUANT TO PARAGRAPH (E) (4) OR (E) (5) OF THIS RULE. THE DEPARTMENT SHALL SOLICIT INPUT FROM THE COUNTY BOARD PRIOR TO MAKING THIS DETERMINATION.



- (5) THE COUNTY BOARD SHALL DETERMINE WHEN TO CLOSE CASES OTHER THAN THOSE SPECIFIED IN PARAGRAPH (F) (4) OF THIS RULE. THE COUNTY BOARD MAY CLOSE CASES THAT HAVE BEEN REFERRED TO A LOCAL PUBLIC CHILDREN SERVICES AGENCY OR LAW ENFORCEMENT AS LONG AS APPROPRIATE PREVENTATIVE MEASURES WERE TAKEN. THE DEPARTMENT SHALL BE RESPONSIBLE FOR ENSURING THAT CASES HAVE BEEN PROPERLY CLOSED.
- (6) WHEN DETERMINING THAT A CASE SHOULD BE CLOSED, THE DEPARTMENT OR COUNTY BOARD SHALL CONSIDER THE FOLLOWING CRITERIA:
  - (a) WHETHER ALL REASONABLE MEASURES HAVE BEEN TAKEN TO ENSURE THE HEALTH AND SAFETY OF THE INDIVIDUAL;
  - (b) WHETHER A THOROUGH INVESTIGATION OF THE INCIDENT HAS BEEN CONDUCTED;
  - (c) WHETHER THE INCIDENT IS PART OF A PATTERN OR TREND REQUIRING SOME ADDITIONAL ACTION;
  - (d) WHETHER APPROPRIATE MEASURES HAVE BEEN IMPLEMENTED TO PREVENT RECURRENCE;
  - (e) WHETHER ALL REQUIREMENTS SET FORTH IN STATUTE OR RULE HAVE BEEN SATISFIED;
  - (f) WHETHER THE CASE MEETS THE CRITERIA FOR REFERRAL TO THE ABUSE REGISTRY UNIT PURSUANT TO SECTION 5123.51 OF THE REVISED CODE.
- (7) THE COUNTY BOARD SHALL BE RESPONSIBLE FOR NOTIFYING THE PROVIDER WHEN A CASE IS CLOSED.
- (G) ANALYZING MAJOR UNUSUAL INCIDENTS TO IDENTIFY PATTERNS AND TRENDS
  - (1) THE COUNTY BOARD AND PROVIDER SHALL REVIEW AND ANALYZE MAJOR UNUSUAL INCIDENTS TO IDENTIFY PATTERNS AND TRENDS. THE DEPARTMENT SHALL DEVELOP GUIDELINES THAT MAY BE USED TO ASSIST

COUNTY BOARDS AND PROVIDERS IN IDENTIFYING AND CONDUCTING REVIEWS OF PATTERNS AND TRENDS.

- (2) THE COUNTY BOARD SHALL PREPARE A QUARTERLY REPORT USING INFORMATION CONTAINED ON THE ONLINE SYSTEM ESTABLISHED BY THE DEPARTMENT FOR EACH PROVIDER IN THE COUNTY. THE REPORT SHALL IDENTIFY THE NUMBER AND TYPES OF INCIDENTS THAT HAVE OCCURRED.
- (3) THE PROVIDER SHALL REVIEW THE QUARTERLY REPORTS SENT BY THE COUNTY BOARD TO IDENTIFY PATTERNS AND TRENDS AND TAKE APPROPRIATE ACTION AS NEEDED. UPON REQUEST BY THE COUNTY BOARD OR DEPARTMENT, THE PROVIDER SHALL PROVIDE EVIDENCE THAT THIS REVIEW HAS BEEN CONDUCTED AND THAT APPROPRIATE ACTION HAS BEEN TAKEN.
- (4) ALL PROVIDERS, INCLUDING COUNTY BOARDS, SHALL EACH CONDUCT AN ANNUAL REVIEW AND ANALYZE THE DATA FOR THE YEAR TO IDENTIFY PATTERNS AND TRENDS AND TAKE CORRECTIVE ACTION WHERE NEEDED.
- (5) THE COUNTY BOARD SHALL ENSURE THAT EACH PROVIDER HAS COMPLETED A THOROUGH ANALYSIS AND CORRECTIVE MEASURES HAVE BEEN IMPLEMENTED TO ADDRESS CONCERNS RAISED THROUGH THE ANALYSES.
- (6) THE DEPARTMENT SHALL PREPARE A REPORT ON PATTERNS AND TRENDS IDENTIFIED THROUGH THE PROCESS OF REVIEWING MAJOR UNUSUAL INCIDENTS. THE DEPARTMENT SHALL PERIODICALLY, BUT AT LEAST SEMI-ANNUALLY, REVIEW THIS REPORT WITH A COMMITTEE APPOINTED BY THE DIRECTOR OF THE DEPARTMENT WHOSE MEMBERSHIP SHALL REFLECT REPRESENTATION BY INDIVIDUALS, ADVOCATES, COUNTY BOARDS, PROVIDERS, THE OHIO LEGAL RIGHTS SERVICE, AND THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES. THE COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT REGARDING WHETHER APPROPRIATE ACTIONS TO ENSURE THE HEALTH AND SAFETY OF INDIVIDUALS SERVED HAVE BEEN TAKEN. WHEN MAKING SUCH RECOMMENDATIONS, THE COMMITTEE MAY REQUEST THAT THE DEPARTMENT OBTAIN SUCH ADDITIONAL INFORMATION AS MAY BE NECESSARY TO MAKE RECOMMENDATIONS.



- (7) THE COUNTY BOARD SHALL ENSURE THAT PATTERNS AND TRENDS OF MAJOR UNUSUAL INCIDENTS ARE INCLUDED AND ADDRESSED IN THE INDIVIDUAL'S PLAN.

(H) UNUSUAL INCIDENTS

- (1) THE PROVIDER SHALL DEVELOP AND IMPLEMENT A POLICY AND PROCEDURE THAT REQUIRES ANYONE WHO BECOMES AWARE OF AN UNUSUAL INCIDENT TO REPORT IT TO THE PERSON DESIGNATED BY THE PROVIDER WHO CAN INITIATE PROPER ACTION. SUCH POLICY AND PROCEDURE SHALL SPECIFY THAT REPORTS MUST BE MADE NO LATER THAN TWENTY-FOUR HOURS AFTER THE OCCURRENCE OF THE INCIDENT.
- (2) THE PROVIDER SHALL DEVELOP AND IMPLEMENT A WRITTEN POLICY AND PROCEDURE FOR THE INTERNAL REVIEW OF ALL UNUSUAL INCIDENTS TO ENSURE THAT APPROPRIATE ACTIONS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND SAFETY OF INDIVIDUALS AND PATTERNS OR TRENDS HAVE BEEN IDENTIFIED AND REVIEWED. SUCH POLICY AND PROCEDURE SHALL INCLUDE A REQUIREMENT THAT UNUSUAL INCIDENTS ARE REVIEWED AT LEAST WEEKLY TO DETERMINE WHETHER A SERIES OF UNUSUAL INCIDENTS THAT WOULD CONSTITUTE A MAJOR UNUSUAL INCIDENT HAS OCCURRED.
- (3) THE PROVIDER SHALL MAINTAIN A LOG OF UNUSUAL INCIDENTS. THE PROVIDER SHALL MAKE THIS LOG AND OTHER RECORDS OF UNUSUAL INCIDENTS AVAILABLE TO THE COUNTY BOARD AND DEPARTMENT UPON REQUEST.
- (4) THE COUNTY BOARD SHALL PERIODICALLY, BUT AT LEAST QUARTERLY, REVIEW THE LOG MAINTAINED BY EACH PROVIDER TO ENSURE THAT PATTERNS AND TRENDS HAVE BEEN IDENTIFIED AND TO ENSURE THAT CORRECTIVE ACTIONS HAVE BEEN TAKEN.
- (5) THE DEPARTMENT SHALL DEVELOP GUIDELINES THAT MAY BE USED TO ASSIST PROVIDERS AND COUNTY BOARDS IN CONDUCTING REVIEWS OF UNUSUAL INCIDENTS AND IDENTIFYING PATTERNS AND TRENDS.

(I) OVERSIGHT OF MAJOR UNUSUAL INCIDENTS AND UNUSUAL INCIDENTS

- (1) THE DEPARTMENT SHALL CONDUCT SUCH REVIEWS AS NECESSARY TO ENSURE THE HEALTH AND SAFETY OF INDIVIDUALS AND COMPLIANCE WITH THE REQUIREMENTS OF THIS RULE. THE DEPARTMENT MAY CONDUCT AN ANNUAL ASSESSMENT OF A PROVIDER'S SYSTEM FOR COMPLIANCE WITH THE REQUIREMENTS OF THIS RULE. THE DEPARTMENT MAY IMPOSE ANY SANCTIONS AUTHORIZED BY STATUTE OR RULE FOR ANY FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS RULE.
- (2) THE DEPARTMENT SHALL SUBMIT REPORTS REQUIRED BY THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES IN ITS ROLE AS THE SINGLE STATE MEDICAID AGENCY.

(J) ACCESS TO RECORDS

- (1) REPORTS MADE UNDER SECTION 5123.61 OF THE REVISED CODE AND THIS RULE ARE NOT PUBLIC RECORDS AS DEFINED IN SECTION 149.43 OF THE REVISED CODE. RECORDS MAY BE PROVIDED TO PARTIES AUTHORIZED TO RECEIVE THEM IN ACCORDANCE WITH SECTIONS 5123.613 AND 5126.044 OF THE REVISED CODE.
- (2) A COUNTY BOARD SHALL NOT REVIEW, COPY, OR INCLUDE IN ANY REPORTS REQUIRED BY THIS RULE PERSONNEL RECORDS OF AN EMPLOYEE THAT ARE CONFIDENTIAL UNDER STATE OR FEDERAL STATUTES OR RULES, INCLUDING MEDICAL AND INSURANCE RECORDS, WORKER'S COMPENSATION RECORDS, IMMIGRATION STATUS FORMS (I-9), AND SOCIAL SECURITY NUMBERS.
- (3) A COUNTY BOARD MAY REVIEW, BUT NOT COPY, PERSONNEL RECORDS THAT INCLUDE CONFIDENTIAL INFORMATION ABOUT AN EMPLOYEE INCLUDING, BUT NOT LIMITED TO, PAYROLL RECORDS, PERFORMANCE EVALUATIONS, DISCIPLINARY RECORDS, CORRESPONDENCE TO EMPLOYEES REGARDING STATUS OF EMPLOYMENT, MOTOR VEHICLE DRIVERS RECORDS, PROFESSIONAL LICENSES, AND CRIMINAL RECORDS CHECKS. THE COUNTY BOARD MAY INCLUDE IN REPORTS REQUIRED BY THIS RULE INFORMATION ABOUT THE RESULTS OF THE



REVIEW OF PERSONNEL RECORDS SPECIFIED IN THIS PARAGRAPH.

- (4) A COUNTY BOARD MAY REVIEW AND COPY PERSONNEL RECORDS PREPARED IN CONNECTION WITH THE PROVIDER'S DAILY OPERATIONS, SUCH AS TRAINING RECORDS, TIME SHEETS, AND WORK SCHEDULES.
- (5) UPON THE DEPARTMENT'S REQUEST, THE PROVIDER SHALL PROVIDE COPIES OF PERSONNEL RECORDS THAT ARE NOT CONFIDENTIAL TO THE DEPARTMENT.
- (6) THE PROVIDER SHALL REDACT ANY CONFIDENTIAL INFORMATION CONTAINED IN A RECORD THAT IS COPIED BEFORE THE COPIES ARE PROVIDED TO EITHER THE COUNTY BOARD OR THE DEPARTMENT.
- (7) NO LATER THAN OCTOBER 1, 2002, THE DEPARTMENT SHALL ESTABLISH ONLINE ACCESS FOR PROVIDERS TO SPECIFIED AGGREGATE INFORMATION REGARDING MAJOR UNUSUAL INCIDENTS. THE AGGREGATE INFORMATION SHALL INCLUDE THE NUMBER AND TYPE OF INCIDENTS FOR A SPECIFIED TIME PERIOD AND THE CURRENT STATUS OF INCIDENTS. THE PROVIDER SHALL HAVE ACCESS TO AGGREGATE INFORMATION REGARDING MAJOR UNUSUAL INCIDENTS INVOLVING INDIVIDUALS SERVED BY THE PROVIDER AS WELL AS MAJOR UNUSUAL INCIDENTS THAT HAVE OCCURRED IN EACH COUNTY.
- (8) NO LATER THAN OCTOBER 1, 2003, THE DEPARTMENT SHALL PROVIDE ONLINE ACCESS FOR ALL MAJOR UNUSUAL INCIDENT REPORTS FOR INDIVIDUALS SERVED BY THE PROVIDER.
- (9) THE PROVIDER SHALL NOT BE ABLE TO ENTER OR ALTER ANY INFORMATION CONTAINED ON THE ONLINE SYSTEM.
- (10) ANY PARTY ENTITLED TO RECEIVE ANY REPORT REQUIRED BY THIS RULE MAY WAIVE RECEIPT OF THE REPORT. ANY WAIVER OF RECEIPT OF A REPORT SHALL BE MADE IN WRITING.

(K) TRAINING AND TECHNICAL ASSISTANCE

- (1) ALL PROVIDER AND COUNTY BOARD STAFF SHALL RECEIVE TRAINING ON THE REQUIREMENTS OF THIS RULE AT THE TIME OF INITIAL EMPLOYMENT AND ANNUALLY THEREAFTER.
- (2) THE COUNTY BOARD SHALL ENSURE THAT STAFF RESPONSIBLE FOR CONDUCTING INVESTIGATIONS RECEIVE ANNUAL DEPARTMENT-APPROVED TRAINING.
- (3) THE DEPARTMENT SHALL PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO PROVIDERS AND COUNTY BOARDS, AS NECESSARY. THE DEPARTMENT SHALL PERIODICALLY MONITOR COMPLIANCE WITH THE PROVISIONS OF THIS RULE.

## TO BE ENACTED

## APPENDIX

## INVESTIGATION PROTOCOL

The investigation consists of four basic steps:

- A. Planning the Investigation,
- B. Gathering Information,
- C. Analysis of Information, and
- D. Completion of an Investigation Report.

The investigator should take the following steps in conducting an investigation:

1. Initiate the investigation (see Steps 2-9) within 48 hours of the time the report was filed. Some cases require immediate investigation. The administrative investigation should not interfere with the criminal investigation. Incidents that are referred to law enforcement and a criminal investigation is ongoing, there should be follow-up (see Step 4).
2. Secure all physical evidence, take photographs of injuries (as needed) and secure/sketch / photograph the scene of the incident.
3. Visit the scene of the incident as soon as possible (if applicable).
4. Follow-up with law enforcement, CSB, if needed.
5. Review all relevant documents relating to the primary person involved that forms the basis for the reported incident and the alleged victim.
6. Interview all direct witnesses to the incident, including the individual. Document the interviews.
7. Interview medical professionals (as needed) as to the possible cause or age of injuries. Document the interviews.
8. Interview others who may have relevant information - service and support administrators, program directors, medical personnel who treated the injured individual. Document the interviews.
9. Gather written statements from all relevant witnesses.
10. Conduct follow-up interviews, if needed.
11. Complete an investigation report which includes the following:
  - a. Clear statement of the allegation and the basic question(s) to be answered by the investigation,
  - b. Evaluation of all witnesses and documentary evidence in a clear, complete and non-ambiguous manner,
  - c. Evaluation of the relative credibility of the witnesses,
  - d. A succinct and well-reasoned analysis of the evidence, and
  - e. A clearly stated conclusion, which identifies which allegations were and were not substantiated.



12. The investigation report should not include any confidential information (see paragraph (J)(2) of the rule).
13. The investigation was completed within thirty (30) days of initiation.

Replaces: 5123:2-3-26, 5123:2-17-02

Effective: November 23, 2001

RC 119.032 Review Date: November 23, 2006

Promulgated under: Chapter 119. of R.C.  
Rule authorized by: R.C. 5123.04,  
5123.19, 5123.604, 5123.612, 5126.313  
Rule amplifies: R.C. 5123.04, 5123.093,  
5123.19, 5123.604, 5123.61 to 5123.613,  
5123.62, 5123.99, 5126.044, 5126.221,  
5126.30 to 5126.313, 2151.421  
Prior effective dates: 10/31/77, 6/12/81,  
7/1/82, 9/30/83, 1/12/85, 7/25/85, 12/12/85,  
3/3/90, 9/25/97



# Appendix 1-2

## Placements MUI tracking - Springview

Client Number	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
1	12/23/2002	3/17/2003	I/O	Shelby	Alleged Abuse - Not Substantiated	12/16/2002	Shelby
					<b>Alleged Neglect - Substantiated</b>	12/18/2002	Shelby
					Hospital Admission	4/15/2003	Shelby
					Alleged Abuse - Not Substantiated	10/9/2003	Shelby
					Hospital Admission	1/16/2004	Shelby
2	10/16/1975	4/16/2003	ICF/MR	Coshocton			
3	9/21/2000	4/22/2003	MDC	Montg'y	Alleged Abuse - Not Substantiated		
4	1/20/1987	6/30/2003	ICF/MR	Clark	Alleged Abuse - Not Substantiated	9/16/2003	Clark
5	6/27/1983	7/1/2003	MDC	Montg'y	Medical Emergency	1/27/2004	Montgomery DC
6	10/28/2002	8/27/2003	ICF/MR	Preble			
7	3/10/1976	9/4/2003	SODC	Clermont			
8	2/8/1999	9/23/2003	Illinois	NA ICF			
9	9/7/1989	9/29/2003	ICF/MR	Clark			
10	1/15/1976	10/28/2003	SODC	Clermont			

**Placements  
MUI tracking - Springview**

Client No.	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
11	11/18/1999	10/31/2003	MDC	Montg'y	Unapproved Behavior Support	3/3/2003	Springview DC
12	10/7/1980	11/4/2003	MDC	Montg'y	Medical Emergency	3/7/2002	Springview DC
					Hospital Admission	6/12/2003	Springview DC
					Hospital Admission	12/11/2003	Springview DC
					Injury	12/23/2003	Montgomery DC
13	2/20/1976	12/9/2003	MvDC	Knox	Alleged Abuse - Not Substantiated	11/14/2002	Springview DC
					Medical Emergency	12/23/2002	Springview DC
					Injury	4/3/2002	Springview DC
					Unapproved Behavior Support	1/11/2004	Mt. Vernon DC
14	5/17/1994	12/17/2003	CDC	Franklin	Misappropriation	9/27/2002	Springview DC
15	9/26/2002	12/29/2003	IO	Franklin	<b>Alleged Abuse - Substantiated</b>	Unknown	Shelby
					Injury	1/1/2004	Franklin
					Unapproved Behavior Support	1/15/2004	Franklin
16	3/3/1976	1/5/2004	SODC	Clermont			
17	2/20/1985	1/7/2004	CaDC	Guernsey			
18	11/18/1975	1/15/2004	CDC	Franklin	Hospital Admission	11/26/2002	Springview DC
					Hospital Admission	6/7/2003	Springview DC
19	02/26/1976	1/25/2004	SODC	Clermont			
20	10/22/1993	2/10/2004	TDC	Seneca	Medical Emergency	3/24/2001	Springview DC
					Hospital Admissions	6/10/2001	Springview DC
					Hospital Admissions	10/18/2002	Springview DC
21	10/7/1975	2/11/2004	CaDC	Guernsey			

## Placements MUI tracking - Apple Creek

Client Number	Date Admitted	Date Discharged	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
1	5/25/2000	2/28/2002	I/O	Wayne	Misappropriation	2/13/2003	Wayne
2	1/9/2002	4/8/2002	I/O	Summit	Not indicated	2/7/2002	Summit
					Alleged Abuse - Not Substantiated	3/29/2002	ACDC
3	7/21/2001	4/29/2002	ICF/MR	Preble	Hospital Admission - Pshchiatric	5/31/2001	Stark
					Hospital Admission - Pshchiatric	7/11/2001	Stark
4	12/11/1985	7/6/2002	ICF/MR	Richland			
5	9/10/2001	7/17/2002	ICF/MR	Wayne	Hospital Admission	9/27/2001	ACDC
6	4/29/2002	9/23/2002	I/O	Wayne	<b>Alleged Abuse - Sustantiated</b>	10/3/2001	Wayne
					Misappropriation	3/26/2003	Wayne
7	8/19/2002	10/16/2002	I/O	Wayne	Hospital Admission	6/15/2001	Summit
					Alleged Abuse - Not Substantiated	1/19/2002	Summit
					Injury	2/4/2002	Summit
					Hospital Admission	4/8/2002	Summit
					Injury	12/30/2002	Summit
8	11/10/1986	12/2/2002	ICF/MR	Portage	Injury	6/15/2001	ACDC
					Injury	12/26/2001	ACDC
					Injury	6/17/2002	ACDC
					Missing Person	11/27/2002	ACDC
					Injury	12/1/2002	ACDC
					Injury	9/15/2003	Portage
					Injury	12/9/2003	Portage
9	4/11/1968	1/22/2002	ICF/MR	Stark	Alleged Neglect - Not Substantiated	2/26/2003	Stark
					Missing Person	6/14/2003	Stark
					Unapproved Behavior Support	1/1/2003	Stark

**Placements  
MUI tracking - Apple Creek**

Client Number	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
10	11/12/2002	2/27/2003	I/O	Summit	Alleged Neglect - Not Substantiated	7/22/2002	Summit
					Unapproved Behavior Support	3/9/2003	Summit
11	8/17/1970	2/28/2003	ICF/MR	Stark			
12	8/12/1987	4/2/2003	ICF/MR	Medina	Injury	1/9/2002	ACDC
13	6/5/1990	4/3/2003	ICF/MR	Stark	Hospital Admission	5/2/2002	ACDC
14	11/7/2002	4/17/2003	I/O	Stark	Hospital Admission	2/4/2002	Stark
					Hospital Admission	3/8/2002	Stark
					Unapproved Behavior Support	7/16/2002	Stark
					Alleged Neglect - Not Substantiated	No Date Reported	Stark
					Unapproved Behavior Support	10/28/2002	Stark
					Injury	11/15/2002	ACDC
					Unapproved Behavior Support	7/6/2003	Stark
15	11/19/2002	6/2/2003	IO	Medina	Law Enforcement	12/6/2001	Medina
					Law Enforcement	9/30/2002	Medina
					Law Enforcement	10/12/2002	Medina
					Law Enforcement	11/5/2002	Medina
					Unapproved Behavior Support	12/2/2002	ACDC
					Unapproved Behavior Support	6/13/2003	Medina
					Alleged Abuse - Not Substantiated	8/1/2003	Medina
					Missing Person	8/18/2003	Medina
					Law Enforcement	8/26/2003	Medina
					Missing Person	10/22/2003	Medina
					Missing Person	10/30/2003	Medina
					Unapproved Behavior Support	1/21/2003	ACDC
					Alleged Abuse - Not Substantiated	12/18/2002	ACDC

**Placements  
MUI tracking - Apple Creek**

Client Number	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
<b>15 (cont.)</b>					Unapproved Behavior Support	1/30/2003	ACDC
					Missing Person	4/27/2003	ACDC
					Unapproved Behavior Support	4/28/2003	ACDC
					Missing Person	5/26/2003	ACDC
16	5/6/1980	7/8/2003	MvDC	Knox			
17	2/15/1984	7/15/2004	TDC	Seneca	Injury	10/27/2003	TDC
18	9/23/1983	8/4/2003	CDC	Franklin			
19	4/13/1982	8/5/2003	YDC	Mahoning	Injury	7/29/2002	ACDC
					Injury	4/22/2003	ACDC
20	2/28/1972	8/7/2003	YDC	Mahoning	Injury	7/3/2002	ACDC
					Unapproved Behavior Support	6/26/2003	ACDC
21	8/7/1974	8/21/2003	CaDC	Guernsey			
22	7/21/1983	8/27/2003	SODC	Clermont	Injury	7/1/2001	ACDC
23	8/3/1960	9/3/2003	YDC	Mahoning			
24	3/15/1983	9/4/2003	CaDC	Guernsey	Misappropriation	10/16/2002	ACDC
					Injury	3/19/2003	ACDC
					Injury	7/11/2003	ACDC
					Alleged Abuse - Not Substantiated	12/26/2003	CaDC
					Unapproved Behavior Support	2/14/2004	CaDC
					Unapproved Behavior Support	2/22/2004	CaDC
25	6/20/1985	9/16/2003	CaDC	Guernsey			
26	8/12/1987	9/24/2003	CaDC	Guernsey			
27	11/9/1960	9/25/2003	GDC	Gallia	Unapproved Behavior Support	2/26/2004	GDC
28	10/19/1982	9/29/2003	CDC	Franklin	Injury	3/24/2001	ACDC

## Placements MUI tracking - Apple Creek

Client Number	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
29	1/12/1987	10/6/2003	MvDC	Knox	Alleged Abuse - Not Substantiated	10/9/2001	
30	11/10/1986	10/16/2003	IO	Richland	Alleged Abuse - Physical - Peer^	2/18/2004	Richland
31	1/13/1972	10/20/2003	CaDC	Guernsey	Injury	3/18/2002	CaDC
					Injury	9/19/2003	CaDC
					Injury	2/10/2004	CaDC
32	10/15/1968	10/21/2003	YDC	Mahoning			
33	1/20/1969	10/30/2003	TDC	Seneca	Hospital Admissions	5/20/2001	ACDC
					Hospital Admissions	12/1/2002	ACDC
					Injury	8/23/2003	ACDC
					Injury	11/12/2003	TDC
34	12/29/1972	11/6/2003	TDC	Seneca	Injury	6/6/2003	ACDC
					Medical Emergency	6/7/2003	ACDC
35	11/4/1987	11/13/2003	MvDC	Mahoning			
36	8/14/1989	11/20/2003	TDC	Seneca	Injury	6/17/2002	ACDC
					Unapproved Behavior Support	9/29/2003	ACDC
					Unapproved Behavior Support	11/20/2003	ACDC
					Unapproved Behavior Support	12/19/2003	TDC
37	11/5/1987	11/24/2003	TDC	Seneca			
38	6/9/1964	12/3/2003	TDC	Seneca			
39	10/6/1989	1/5/2004	TDC	Seneca			
40	10/6/1989	1/5/2004	TDC	Seneca	Injury	9/21/2001	ACDC
41	11/25/1987	1/7/2004	MvDC	Knox	Injury	3/19/2002	ACDC
42	12/11/1985	1/15/2004	IO	Stark			
43	2/17/1996	2/12/2004	MvDC	Knox	Injury	3/15/2001	ACDC
					Alleged Abuse - Substantiated	4/24/2003	ACDC
44	7/22/1969	2/24/2004	TDC	Seneca			

## Self-Determination Project MUI tracking

Client Number	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
1	ACDC	3/12/1986	2/20/2003	IO	Wayne			
2	ACDC	9/6/1989	11/10/2003	IO	Wayne	Hospital Admission	2/24/2002	Apple Creek DC
						Hospital Admission	10/13/2003	Apple Creek DC
						Alleged Abuse - Physical - Peer ^	2/5/2004	Wayne
3	CaDC	5/3/2000	5/27/2003	IO	Stark	Hospitalization	11/24/2002	Cambridge DC
						Alleged Abuse - Verbal - Not Substantiated	6/21/2003	Stark
						Alleged Abuse - Physical	11/9/2003	Stark
						Alleged Abuse - Physical - Not Substantiated	11/9/2003	Stark
						<b>Alleged Neglect - Lacking Care - Substantiated</b>	12/10/2003	Stark
						Injury	12/10/2003	Stark
4	CaDC	5/11/2000	1/4/2003	IO	Guernsey	Missing Longer than IPP Indicates	10/4/2001	Cambridge DC
						Missing Longer than IPP Indicates	11/11/2001	Cambridge DC
						Missing Longer than IPP Indicates	11/23/2001	Cambridge DC
						Missing Longer than IPP Indicates	11/23/2001	Cambridge DC
						Missing Longer than IPP Indicates	4/27/2002	Cambridge DC
						Missing Longer than IPP Indicates	7/28/2002	Cambridge DC
						Missing Longer than IPP Indicates	8/2/2002	Cambridge DC
						Missing Longer than IPP Indicates	6/19/2003	Guernsey Co.
						Missing Longer than IPP Indicates	11/30/2003	Guernsey Co.

## Self-Determination Project MUI tracking

Name	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
5-returned to CaDC	CaDC	1/7/2003	1/11/2002	IO	Monroe	Alleged Abuse - Physical - Family - Not Substantiated	10/14/2001	Cambridge DC
						Alleged Abuse - Verbal - Not Substantiated	10/28/2002	Cambridge DC
						Alleged Abuse - Physical - Not Substantiated	12/8/2003	Cambridge DC
6	GDC	10/14/1999	4/15/2003	IO	Pickaway	Alleged Abuse - Physical - Not Substantiated	1/23/2001	Gallipolis DC
						Exploitation	12/12/2001	Gallipolis DC
						Hospital Admission	8/3/2002	Gallipolis DC
						Series of Incidents	1/23/2004	Pickaway Co.
7	GDC	2/20/2001	5/1/2003	IO	Fayette	Misappropriation	8/20/2003	Fayette Co.
8	GDC	10/30/2000	1/15/2003	IO	Brown			
9	GDC	9/23/2002	7/1/2003	IO	Brown	Alleged Abuse - Physical	8/13/2002	Brown Co.
						Injury	1/31/2003	Gallipolis DC
10	MDC	6/16/1983		IO	Montgomery			
11	MDC	2/17/1999		IO	Montgomery			
12	MDC	8/29/1996	1/17/2003	IO	Montgomery	Injury	3/16/2002	Montgomery DC
13	MDC	8/31/1989	1/17/2003	IO	Montgomery	Unapproved Behavior Support	1/13/2003	Montgomery Co.
14-returned to MvDC	MvDC	6/1/2000	8/8/2001	IO	Summit			
15-returned to MvDC	MvDC	8/28/2003	1/25/2002	IO	Richland	Unapproved Behavior Support	12/31/2002	Richland Co.
						Unapproved Behavior Support	1/2/2003	Richland Co.



**Self-Determination Project  
MUI tracking**

Name	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
15-(Cont.)	MvDC	8/28/2003	1/25/2002	IO	Richland	Unapproved Behavior Support	3/13/2002	Richland Co.
						Unapproved Behavior Support		Richland Co.
						Unapproved Behavior Support	1/31/2002	Richland Co.
						Unapproved Behavior Support	6/26/2003	Richland Co.
						Hospitalization - Psychiatric	8/1/2003	Richland Co.
						Alleged Abuse - Verbal - Not Substantiated	8/20/2003	Richland Co.
16	MvDC	5/11/1984	8/16/2002	IO	Crawford			
17	MvDC	7/13/1988	2/8/2002	IO	Delaware			
18	NODC	7/11/2000	5/31/2002	IO	Lucas	Unapproved Behavior Support	7/26/2002	Lucas Co.
						Unapproved Behavior Support	8/13/2002	Lucas Co.
						Injury	12/26/2002	Lucas Co.
						Hospital Admission - Psychiatric	4/17/2002	Lucas Co.
19	NODC	11/23/1984	9/3/2002	IO	Lucas	Unapproved Behavior Support	11/20/2002	Lucas Co.
						Hospital Admission - Psychiatric	9/18/2003	Lucas Co.
20	NODC	1/18/1977	9/6/2002	IO	Lucas	Unapproved Behavior Support	9/8/2003	Lucas Co.
21	NODC	1/27/1977	9/3/2002	IO	Lucas			
22	SODC	5/8/1996	8/6/2002	IO	8/6/2002	Relocation	10/19/2002	Hamilton Co.
						Alleged Abuse - Physical - Not Substantiated	11/27/2002	Hamilton Co.
						Law Enforcement	4/22/2003	Hamilton Co.

## Self-Determination Project MUI tracking

Name	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
22- (Cont.)	SODC	5/8/1996	8/6/2002	IO	8/6/2002	Misappropriation	12/11/2003	Hamilton Co.
23	SODC	5/13/1994	8/2/2002	IO	Hamilton			
24	SODC	5/9/2002	11/1/2002	IO	Hamilton	Law Enforcement	4/29/2002	Hamilton Co.
						Rights Code Violation	5/4/2002	Hamilton Co.
						Alleged Abuse - Verbal - Not Substantiated	1/6/2002	Hamilton Co.
25	SODC	6/27/2000	4/30/2002	IO	Clermont			
26	SDC	1/3/1994	6/25/2003	IO	Miami	Injury	8/3/2001	Springview DC
						Injury	10/1/2001	Springview DC
27	SDC	3/10/1992	3/3/2003	IO	Miami	Alleged Abuse - Not Substantiated	6/21/2001	Springview DC
						Medical Emergency	7/30/2002	Springview DC
						Medical Emergency	6/10/2003	Miami Co.
						Medical Emergency	9/15/2003	Miami Co.
28	TDC	9/28/1979	9/9/2002	IO	Allen	Injury	2/5/2001	Tiffin DC
						Alleged Abuse - Physical - Not Substantiated	9/24/2001	Tiffin DC
						Alleged Abuse - Physical - Not Substantiated	5/17/2002	Tiffin DC
29	TDC	10/16/1975	9/9/2002	IO	Allen	Medical Emergency	4/24/2003	Allen Co.
30	TDC	8/8/1988	12/16/2002	IO	Putnam	Unapproved Behavior Support	2/20/2003	Putnam Co.
						Series of Incidents	10/4/2003	Putnam Co.
						Hospital Admission	10/23/2003	Putnam Co.
31	TDC	4/18/2002	4/20/2003	IO	Sandusky	Injury	11/21/2003	Sandusky Co.
32	WDC	5/10/1999	4/3/2003	IO	Cuyahoga			
33	WDC	6/2/1998	4/3/2003	IO	Cuyahoga	Hospital Admission - Psychiatric	5/15/2003	Cuyahoga Co.
						Hospital Admission - Psychiatric	6/5/2003	Cuyahoga Co.

## Self-Determination Project MUI tracking

Name	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
33-(Cont.)	WDC	6/2/1998	4/3/2003	IO	Cuyahoga	Hospital Admission - Psychiatric	1/30/2004	Cuyahoga Co.
34	WDC	12/02/03	8/3/2003	IO	Cuyahoga	Psychiatric	6/23/2001	Allen Co.
						<i>Alleged Abuse - Family - Report does not indicate if</i>	3/29/2001	Cuyahoga Co.
						Hospital Admission - Psychiatric	8/9/2001	Cuyahoga Co.
						Medical Emergency	10/5/2001	Warrensville DC
						Medical Emergency	10/22/2001	Warrensville DC
						Medical Emergency	10/30/2001	Warrensville DC
						Medical Emergency	12/3/2001	Warrensville DC
						Hospital Admission	3/17/2002	Warrensville DC
						Injury	5/16/2002	Warrensville DC
						Alleged Abuse - Not Substantiated	7/14/2002	Warrensville DC
						Medical Emergency	9/23/2002	Warrensville DC
						<b>Alleged Neglect - Substantiated</b>	8/4/2003	Cuyahoga Co.
						Hospital Admission	8/21/2003	Cuyahoga Co.
						Hospital Admission	9/16/2003	Cuyahoga Co.
						Hospital Admission	10/23/2003	Cuyahoga Co.
						<b>Alleged Neglect - Substantiated</b>	11/3/2003	Cuyahoga Co.
Misappropriation - Family	12/8/2003	Cuyahoga Co.						
Alleged Neglect - Not Substantiated	7/11/2003	Warrensville DC						
Hospital Admission	12/14/2003	Warrensville DC						
Hospital Admission	2/28/2004	Warrensville DC						
35	WDC	1/6/1983	6/28/2003	IO	Cuyahoga			
36	YDC	1/14/1992	5/10/2002	IO	Trumbull	Alleged Abuse - Verbal - Not Substantiated	6/22/2002	Trumbull Co.
						Alleged Abuse - Verbal - Not Substantiated	10/15/2002	Trumbull Co.
						Hospital Admission	3/24/2003	Trumbull Co.
						Injury	4/1/2003	Trumbull Co.
37	YDC	4/22/2002	2/1/2002	IO	Mahoning	Alleged Abuse - Family - Not Substantiated	8/5/2001	Youngstown DC
						Unapproved Behavior Support	2/22/2002	Mahoning Co.

## Self-Determination Project MUI tracking

Name	DC	Date Admitted	Date Placed	I/O or ICF/MR	Placement Location	MUI Type	MUI Date	MUI Location
37 (cont.)	YDC	4/22/2002	2/1/2002	IO	Mahoning	Missing Longer than IPP Indicates	4/12/2002	Mahoning Co.
						Missing Longer than IPP Indicates	4/18/2002	Mahoning Co.
						Injury	1/25/2002	Youngstown DC
						Unapproved Behavior Support	4/22/2002	Youngstown DC
						Medical Emergency	12/13/2002	Youngstown DC
38	YDC	4/30/1980	2/1/2002	IO	Mahoning			
39	YDC	8/11/1987	8/15/2002	IO	Mahoning	Misappropriation	5/10/2002	Youngstown DC
						Unapproved Behavior Support	2/11/2003	Mahoning Co.
40	YDC	4/28/1999	1/25/2002	IO	Richland	Injury	12/13/2001	Youngstown DC
						Missing Person	5/28/2002	Richland Co.
						Hospital Admission - Psychiatric	7/11/2002	Richland Co.
						Hospital Admission - Psychiatric	7/15/2002	Richland Co.
						Unapproved Behavior Support	1/10/2002	Youngstown DC
						Unapproved Behavior Support	4/24/2003	Richland Co.
						Unapproved Behavior Support	12/12/2003	Richland Co.
41	YDC	10/28/1981	2/1/2002	IO	Mahoning			

## Appendix 1-3

### Apple Creek Developmental Center Death Statistic Summary Since the Closure Announcement (February 5, 2003)

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- Since the closure announcement, 10 people have passed away at Apple Creek.
- The age range of the people who died is 31 years old to 81 years old.
- The average age of the individuals who died is 58.3 years old.
- 5 of the 10 people had a DNR (do not resuscitate)-Comfort Care in place.
- 4 individuals were placed on a ventilator in the days preceding their death and were in the critical care unit of the hospital.
- 3 individuals were receiving care from Hospice of Wayne County.
- 2 individuals died due to complications with cancer.
- 2 individuals died due to a bowel perforation.
- 2 individuals died due to complications from aspiration pneumonia.

#### Death Review by Age and Cause

Date	Age	Cause	DNR-CC
21-Mar-03	81	Aspiration Pneumonia	Yes
09-Jul-03	45	Intra-abdominal Sepsis Due to Perforated Bowel	No
15-Jul-03	69	Cardiopulmonary Arrest	No
10-Oct-03	61	Bowel Duct Cancer	Yes
24-Nov-03	81	Cancer of the Stomach	Yes
06-Dec-03	48	Aspiration Pneumonia	No
10-Dec-03	31	Cardiac Arrhythmia Due to Seizures	No
25-Jan-04	31	Sepsis Due to Perforated Bowel	No
03-Feb-04	59	Multi-system organ failure due to pneumonia	Yes
05-Feb-04	77	Renal Failure	Yes

#### Facility Actions Upon the Death of an Individual:

- Notification to the guardian, who can request an autopsy by statute.
- Notification and potential investigation by the Ohio State Patrol.
- Notification to the Coroner and determination if autopsy will occur, either by guardian request, or by Coroner determination.
- Administrative investigation occurs in accordance with Ohio Administrative Code 5123:2-17-02, Incidents Affecting the Health and Safety of Individuals.
- State Developmental Center Major Unusual Incident Review Committee analyzes the investigation and makes recommendations for follow-up.
- Prior to the case being closed, it receives a review by the Medical Director of the Ohio Department of MR/DD.

**Incidents Reported Via ITS by Incident Date  
January 1, 2001 through December 31, 2001**

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Exploitation	Unanticipated Hosp Adm	Injury	Law Enforcement	Life Thr. React	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM	Total MUI/ADM	ADM/State Total ADM	Total MUI/State Total ADM
ADAM	3	2	0	0	0	1	0	20	1	2	0	3	0	1	0	4	0	0	37	127	29.13%	0.21%	0.26%
ALLE	18	20	1	8	4	14	3	124	19	26	0	6	18	1	4	95	2	4	362	623	58.11%	1.05%	2.56%
ASHL	1	4	0	0	0	8	0	23	1	1	0	0	0	0	0	3	0	0	41	276	14.86%	0.48%	0.29%
ASHT	10	4	0	4	1	9	1	22	12	5	1	1	3	0	0	9	0	0	82	528	16.53%	0.89%	0.58%
ATHE	10	1	0	4	0	3	2	18	7	2	1	0	4	1	3	8	0	1	65	288	22.57%	0.48%	0.46%
AUGL	4	0	2	1	0	8	0	20	7	4	0	2	4	0	0	7	0	0	57	238	23.95%	0.40%	0.40%
BELM	5	3	0	2	1	9	0	75	9	6	0	1	4	1	1	10	0	0	127	424	29.95%	0.71%	0.90%
BROW	1	2	0	0	1	1	0	4	1	0	0	0	0	0	0	8	0	0	18	140	12.96%	0.24%	0.13%
BUTL	39	12	5	24	6	19	4	97	50	15	0	2	8	3	1	23	0	2	310	1419	21.85%	2.39%	2.20%
CARR	3	8	3	2	0	0	0	20	6	2	0	1	2	2	0	25	0	0	74	191	38.74%	0.32%	0.52%
CHAM	0	3	0	1	0	2	1	3	1	1	0	1	0	1	0	0	0	0	14	354	3.95%	0.60%	0.10%
CLAR	17	10	1	2	1	14	0	77	33	23	4	8	9	5	2	49	0	1	256	744	34.41%	1.25%	1.81%
CLER	11	6	2	9	4	12	1	24	13	12	4	1	11	2	1	41	0	1	155	728	21.29%	1.22%	1.10%
CLIN	3	0	0	1	0	1	0	15	1	0	0	0	0	0	0	2	0	0	23	122	18.85%	0.21%	0.16%
COLU	8	4	4	2	1	6	0	45	8	1	0	2	0	1	0	3	0	0	85	411	20.68%	0.69%	0.60%
COSH	4	6	2	6	0	10	2	47	5	6	5	0	10	30	2	41	1	0	177	328	53.96%	0.55%	1.25%
CRAW	7	3	0	2	1	2	0	9	3	3	2	0	0	0	1	3	0	0	36	260	13.85%	0.44%	0.26%
CUYA	84	52	4	25	4	61	36	171	99	34	2	8	15	3	4	140	0	0	742	6769	10.98%	11.37%	5.26%
DARK	0	0	0	1	0	6	0	14	1	0	0	0	0	0	0	0	0	0	22	328	6.71%	0.55%	0.16%
DEFI	8	2	0	4	0	3	1	20	2	3	0	2	2	0	0	1	0	0	48	224	21.43%	0.38%	0.34%
DELA	4	6	1	0	2	7	1	34	14	4	0	0	8	1	0	3	0	0	85	681	12.48%	1.15%	0.60%
ERIE	7	4	3	4	3	7	0	41	18	11	8	4	3	0	1	16	0	0	130	358	36.31%	0.60%	0.92%
FAIR	3	7	1	3	3	8	0	74	6	8	1	2	2	1	1	13	1	2	138	432	31.48%	0.73%	0.96%
FAYE	3	0	0	6	0	3	3	10	0	0	0	0	4	0	0	24	0	0	53	142	37.32%	0.24%	0.38%
FRAN	178	64	14	79	9	80	19	830	76	102	10	28	98	17	5	192	9	4	1814	6868	26.41%	11.55%	12.85%
FULT	5	2	1	0	0	2	0	12	1	1	0	4	1	0	0	1	0	0	30	243	12.35%	0.41%	0.21%
GALL	6	1	0	4	0	6	0	46	9	0	2	3	3	1	3	6	0	0	90	164	54.88%	0.28%	0.64%
GEAU	1	2	0	4	0	6	0	27	18	0	0	3	2	10	0	21	0	1	95	474	20.04%	0.80%	0.67%
GREE	6	1	0	2	0	3	0	19	7	6	0	0	0	0	1	4	0	0	49	517	9.48%	0.87%	0.35%
GUER	9	3	0	2	1	3	0	20	5	1	0	0	2	0	0	7	0	0	53	209	25.36%	0.36%	0.38%



**Incidents Reported Via ITS by Incident Date  
January 1, 2001 through December 31, 2001**

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Exploitation	Unanticipated Hosp Adm	Injury	Law Enforcement	Life Thr. React	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM	Total MUI/ADM	ADM/State Total ADM	Total MUI/State Total ADM
MUSK	36	8	2	13	1	2	6	25	7	1	1	2	10	0	0	36	0	1	151	366	41.26%	0.62%	1.07%
NOBL	2	2	0	2	0	1	0	0	0	1	0	0	0	0	1	0	0	0	9	69	13.04%	0.12%	0.06%
OTTA	5	3	2	0	0	8	1	55	4	8	1	3	7	0	1	9	1	0	108	326	33.23%	0.55%	0.77%
PAUL	0	2	0	0	0	2	0	4	1	2	0	0	0	0	2	0	1	0	14	201	6.97%	0.34%	0.10%
PERR	10	1	2	6	0	4	0	8	3	4	0	5	12	1	0	23	0	0	79	278	28.42%	0.47%	0.56%
PICK	6	3	1	0	0	2	2	41	8	4	0	0	2	0	0	1	0	0	70	240	29.17%	0.40%	0.50%
PIKE	8	1	1	1	0	3	0	26	5	2	0	2	3	0	1	7	0	0	60	236	25.53%	0.40%	0.43%
PORT	7	9	4	8	3	5	1	81	13	9	0	3	3	0	1	14	0	0	161	676	23.82%	1.14%	1.14%
PREB	4	4	1	1	0	6	0	6	3	0	0	1	0	0	0	7	0	0	33	247	13.36%	0.42%	0.23%
PUTN	2	0	0	1	0	0	0	15	4	0	0	1	0	2	0	1	0	0	26	184	14.13%	0.31%	0.18%
RICH	17	13	2	1	0	6	0	144	18	13	2	7	5	9	8	6	0	2	263	704	35.94%	1.18%	1.79%
ROSS	8	4	0	4	0	1	0	13	9	2	3	2	6	0	0	1	0	2	56	408	13.48%	0.69%	0.39%
SAND	6	4	0	6	0	4	4	28	15	5	5	2	3	7	1	11	0	1	102	347	29.39%	0.58%	0.72%
SCIO	19	5	1	4	0	7	2	72	7	8	0	6	13	3	1	24	0	1	173	439	39.41%	0.74%	1.23%
SENE	3	1	0	0	0	5	0	23	10	4	0	2	3	0	3	5	0	0	59	400	14.75%	0.67%	0.42%
SHEL	5	2	2	2	2	2	1	6	0	7	0	0	1	1	0	1	0	0	32	278	11.51%	0.47%	0.23%
STAR	66	18	5	26	8	13	4	262	76	24	2	25	17	13	2	84	2	3	649	1972	32.91%	3.32%	4.60%
SUMM	25	14	4	6	3	35	5	160	40	10	2	9	9	0	1	61	0	4	378	2372	16.94%	3.99%	2.68%
TRUM	28	20	6	6	7	16	5	214	37	41	5	12	21	2	4	107	3	1	635	1114	48.03%	1.87%	3.79%
TUSC	9	4	1	4	0	11	0	73	5	5	0	0	4	0	0	23	5	0	144	460	31.30%	0.77%	1.02%
UNIO	10	2	0	9	1	2	3	35	3	6	0	3	4	0	1	14	0	0	93	296	31.42%	0.50%	0.66%
VANW	1	1	2	1	0	0	0	3	2	3	2	1	2	0	0	5	0	0	23	170	13.53%	0.29%	0.16%
VINT	1	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	1	5	177	2.82%	0.30%	0.04%
WARR	24	8	2	7	1	5	4	166	10	7	1	8	2	2	0	22	0	0	269	691	38.93%	1.16%	1.91%
WASH	7	2	1	3	0	6	0	38	6	1	6	4	3	1	0	31	0	0	109	379	28.76%	0.64%	0.77%
WAYN	6	1	2	1	0	6	0	38	8	6	0	0	2	0	1	21	0	1	93	481	19.33%	0.81%	0.66%
WILL	2	2	0	1	0	1	0	22	11	4	0	2	1	0	0	0	0	0	46	278	16.56%	0.47%	0.33%
WOOD	7	4	1	3	1	3	0	57	25	18	2	2	3	2	1	16	0	0	145	384	37.76%	0.65%	1.03%
WYAN	0	1	0	2	0	1	0	11	0	1	0	1	0	0	0	0	0	0	17	124	13.71%	0.21%	0.12%

**Incidents Reported Via ITS by Incident Date  
January 1, 2001 through December 31, 2001**

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Exploitation	Unanticipated Hosp Adm	Injury	Law Enforcement	Life Thr. React	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM	Total MUI/ADM	ADM/State Total ADM	Total MUI/State Total ADM
ApDC	5	0	0	0	0	3	0	12	32	2	0	5	0	3	0	0	0	0	62	187	33.16%	0.31%	0.44%
CaDC	4	0	0	0	0	1	0	25	12	0	0	11	0	5	0	0	0	0	58	111	52.25%	0.19%	0.41%
CoDC	2	0	0	0	0	1	1	14	28	0	0	13	0	2	0	0	0	0	61	148	41.22%	0.25%	0.43%
GeDC	3	0	1	0	1	5	1	20	23	0	0	19	1	2	0	0	0	0	76	249	30.52%	0.42%	0.54%
MoDC	3	1	1	5	0	2	0	5	30	2	0	5	0	2	0	2	0	1	59	103	57.28%	0.17%	0.42%
MvDC	0	0	1	0	0	9	0	23	19	0	0	13	0	2	0	0	0	0	67	234	28.63%	0.39%	0.47%
NwDC	3	0	0	0	0	1	0	13	21	1	0	5	0	3	0	2	0	0	49	167	29.34%	0.28%	0.35%
SpDC	2	0	1	0	0	1	0	10	14	0	0	6	0	0	0	1	0	0	35	109	32.11%	0.18%	0.25%
SwDC	0	0	0	3	0	3	0	19	23	2	0	13	0	0	0	0	0	0	63	85	74.12%	0.14%	0.45%
TIDC	3	1	0	0	0	1	0	22	32	0	0	11	0	1	0	3	0	0	74	198	37.37%	0.33%	0.52%
WaDC	5	0	1	2	0	4	0	24	40	0	0	16	1	17	0	0	0	0	110	251	43.82%	0.42%	0.78%
YoDC	1	0	0	1	0	5	0	21	33	2	0	6	0	3	0	2	0	0	74	121	61.16%	0.20%	0.62%
DC Total	31	2	5	11	1	36	2	208	307	9	0	123	2	40	0	10	0	1	788	1963	40.14%	3.30%	5.58%
# Subst.	3	0	0	0			0						0			0							
Co. Total	1104	534	109	459	107	679	150	5168	1137	769	113	274	537	162	106	1814	38	68	13328	57507	23.18%	96.70%	94.42%
# Subst.	294	83	28	188			42						209			703							
State Total	1138	536	114	470	108	715	152	5378	1444	778	113	397	539	202	106	1824	38	69	14116	59470	23.74%	100.00%	100.00%
# Subst.	297	83	28	188			42						209			703							
2001 Subst. Rates	26%	15%	25%	40%			28%						39%			39%							



MUI Reports  
by Creation Date  
January 1 - December 31, 2002  
Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.B eh. Supp.	Total	ADM
ADAM	4	1	0	0	0	3	8	1	0	2	0	0	0	0	0	0	19	
	4	1	0	0	0	3	8	1	0	2	0	0	0	0	0	0	19	132
ALLE	40	26	10	31	1	9	110	31	21	17	32	8	3	14	15	86	454	
	40	26	10	31	1	9	110	31	21	17	32	8	3	14	15	86	454	758
ASHL	1	2	1	2	0	6	7	7	4	3	2	1	1	0	0	0	37	
	1	2	1	2	0	6	7	7	4	3	2	1	1	0	0	0	37	271
ASHT	9	7	6	12	3	5	31	15	4	12	5	1	0	5	0	3	118	
	9	7	6	12	3	5	31	15	4	12	5	1	0	5	0	3	118	532
ATHE	9	4	2	15	0	5	13	6	4	4	3	1	2	1	1	3	73	
	9	4	2	15	0	5	13	6	4	4	3	1	2	1	1	3	73	309
AUGL	7	1	1	10	1	3	33	5	1	1	3	1	1	2	4	0	74	
	7	1	1	10	1	3	33	5	1	1	3	1	1	2	4	0	74	247
BELM	4	5	3	12	0	5	56	25	6	3	9	0	2	5	0	4	139	
	4	5	3	12	0	5	56	25	6	3	9	0	2	5	0	4	139	445
BROW	4	3	5	3	0	3	9	2	0	1	1	0	0	2	3	3	39	
	4	3	5	3	0	3	9	2	0	1	1	0	0	2	3	3	39	147
BUTL	28	13	14	22	6	13	102	51	22	9	10	3	0	3	9	1	306	
	28	13	14	22	6	13	102	51	22	9	10	3	0	3	9	1	306	1511
CARR	9	2	8	7	0	0	17	13	4	6	5	0	0	5	5	5	86	
	9	2	8	7	0	0	17	13	4	6	5	0	0	5	5	5	86	204
CHAM	3	0	1	1	0	4	9	4	1	2	0	0	1	0	0	2	28	
	3	0	1	1	0	4	9	4	1	2	0	0	1	0	0	2	28	370
CLAR	24	14	5	15	2	19	124	48	10	31	23	7	5	7	1	17	352	
	24	14	5	15	2	19	124	48	10	31	23	7	5	7	1	17	352	836
CLER	3	4	2	8	2	10	27	13	4	6	11	4	1	4	3	2	104	
	3	4	2	8	2	10	27	13	4	6	11	4	1	4	3	2	104	950
CLIN	1	0	0	0	0	2	14	4	2	2	0	0	0	0	0	0	25	
	1	0	0	0	0	2	14	4	2	2	0	0	0	0	0	0	25	148
COLU	5	1	3	5	2	7	62	22	1	1	1	0	0	0	2	4	116	
	5	1	3	5	2	7	62	22	1	1	1	0	0	0	2	4	116	442
COSH	18	4	5	22	2	6	46	15	7	4	3	10	7	3	7	12	171	
	18	4	5	22	2	6	46	15	7	4	3	10	7	3	7	12	171	329
CRAW	19	14	1	1	1	3	19	8	7	2	2	2	0	4	5	4	90	
	19	14	1	1	1	3	19	8	7	2	2	2	0	4	5	4	90	275
CUYA	124	57	22	92	10	50	213	144	20	19	86	56	6	49	12	38	998	
	124	57	22	92	10	50	213	144	20	19	86	56	6	49	12	38	998	7940

First Line indicates Weekly Data  
Second Line indicates Year to Date

MUI Reports  
by Creation Date  
January 1 - December 31, 2002  
Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emwr.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.B eh. Supp.	Total	ADM
DARK	6	2	0	2	0	6	21	9	4	7	1	0	0	0	1	3	62	
	6	2	0	2	0	6	21	9	4	7	1	0	0	0	1	3	62	291
DEFI	2	3	0	7	0	4	35	1	3	1	2	1	0	1	7	0	67	
	2	3	0	7	0	4	35	1	3	1	2	1	0	1	7	0	67	220
DELA	3	3	1	4	1	7	14	5	3	0	5	0	0	3	0	2	51	
	3	3	1	4	1	7	14	5	3	0	5	0	0	3	0	2	51	307
ERIE	7	1	3	5	1	2	16	14	3	1	16	6	0	5	3	0	83	
	7	1	3	5	1	2	16	14	3	1	16	6	0	5	3	0	83	411
FAIR	9	5	6	17	2	6	35	21	5	6	8	4	1	0	4	15	144	
	9	5	6	17	2	6	35	21	5	6	8	4	1	0	4	15	144	443
FAYE	2	3	2	5	0	2	1	0	2	0	2	1	0	2	2	1	26	
	2	3	2	5	0	2	1	0	2	0	2	1	0	2	2	1	26	137
FRAN	218	87	64	225	10	73	472	140	79	56	170	82	10	54	68	98	1903	
	218	87	64	225	10	73	472	140	79	56	170	82	10	54	68	98	1903	7360
FULT	5	0	1	3	0	2	10	6	1	2	1	0	0	0	1	0	32	
	5	0	1	3	0	2	10	6	1	2	1	0	0	0	1	0	32	244
GALL	5	2	4	1	0	2	18	3	0	1	2	0	0	4	1	0	43	
	5	2	4	1	0	2	18	3	0	1	2	0	0	4	1	0	43	187
GEAU	4	8	2	14	0	5	17	9	2	1	1	2	1	8	2	3	79	
	4	8	2	14	0	5	17	9	2	1	1	2	1	8	2	3	79	460
GREE	7	5	0	2	2	1	12	10	5	3	1	3	1	0	3	2	57	
	7	5	0	2	2	1	12	10	5	3	1	3	1	0	3	2	57	579
GUER	6	4	1	8	1	4	45	13	4	6	6	5	1	3	4	2	113	
	6	4	1	8	1	4	45	13	4	6	6	5	1	3	4	2	113	222
HAMI	110	42	22	94	13	48	232	76	50	18	66	35	8	3	3	6	826	
	110	42	22	94	13	48	232	76	50	18	66	35	8	3	3	6	826	4128
HANC	20	2	8	6	0	7	23	7	5	5	1	0	0	2	0	0	86	
	20	2	8	6	0	7	23	7	5	5	1	0	0	2	0	0	86	324
HARD	3	3	1	4	0	0	10	3	0	4	4	2	1	0	1	0	36	
	3	3	1	4	0	0	10	3	0	4	4	2	1	0	1	0	36	158
HARR	4	4	0	2	0	2	5	6	3	1	2	0	0	1	0	1	31	
	4	4	0	2	0	2	5	6	3	1	2	0	0	1	0	1	31	166
HENR	2	3	0	1	0	5	24	9	6	14	1	2	0	4	4	0	75	
	2	3	0	1	0	5	24	9	6	14	1	2	0	4	4	0	75	358
HIGH	4	0	0	2	1	2	10	6	2	3	1	1	0	0	0	1	33	
	4	0	0	2	1	2	10	6	2	3	1	1	0	0	0	1	33	210

First Line indicates Weekly Data  
Second Line indicates Year to Date

MUI Reports  
by Creation Date  
January 1 - December 31, 2002  
Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Bth. Supp.	Total	ADM
HOCK	1	5	0	2	0	2	10	2	3	0	0	0	1	4	0	1	31	
	1	5	0	2	0	2	10	2	3	0	0	0	1	4	0	1	31	188
HOLM	3	0	2	7	0	5	13	3	0	4	1	0	0	1	1	2	42	
	3	0	2	7	0	5	13	3	0	4	1	0	0	1	1	2	42	247
HURO	5	2	1	9	0	0	12	3	3	0	4	4	4	0	4	0	51	
	5	2	1	9	0	0	12	3	3	0	4	4	4	0	4	0	51	240
JACK	4	1	2	1	0	1	2	0	0	0	0	0	0	0	0	0	11	
	4	1	2	1	0	1	2	0	0	0	0	0	0	0	0	0	11	108
JEFF	4	11	1	1	3	5	83	17	5	8	14	1	3	17	3	2	178	
	4	11	1	1	3	5	83	17	5	8	14	1	3	17	3	2	178	370
KNOX	5	6	0	4	2	7	7	11	6	3	4	1	2	10	3	14	85	
	5	6	0	4	2	7	7	11	6	3	4	1	2	10	3	14	85	325
LAKE	25	8	9	16	5	10	114	45	6	6	12	15	3	4	10	17	305	
	25	8	9	16	5	10	114	45	6	6	12	15	3	4	10	17	305	1086
LAWR	6	9	2	2	0	12	56	14	6	1	1	1	0	0	1	0	111	
	6	9	2	2	0	12	56	14	6	1	1	1	0	0	1	0	111	444
LICK	29	15	9	44	1	16	81	25	23	5	27	1	2	4	5	17	304	
	29	15	9	44	1	16	81	25	23	5	27	1	2	4	5	17	304	643
LOGA	16	7	4	10	0	3	27	6	34	4	5	1	0	0	4	0	121	
	16	7	4	10	0	3	27	6	34	4	5	1	0	0	4	0	121	387
LORA	5	7	5	7	0	17	110	40	11	6	1	6	1	1	16	7	240	
	5	7	5	7	0	17	110	40	11	6	1	6	1	1	16	7	240	1730
LUCA	95	23	36	97	12	34	282	73	85	32	46	30	34	15	50	131	1075	
	95	23	36	97	12	34	282	73	85	32	46	30	34	15	50	131	1075	2460
MADI	14	6	0	6	0	1	12	15	6	1	9	2	0	3	1	2	78	
	14	6	0	6	0	1	12	15	6	1	9	2	0	3	1	2	78	240
MAHO	29	5	12	32	0	15	79	36	4	18	8	4	3	4	6	29	284	
	29	5	12	32	0	15	79	36	4	18	8	4	3	4	6	29	284	937
MARI	8	3	7	24	0	3	39	19	10	14	13	0	1	3	3	4	151	
	8	3	7	24	0	3	39	19	10	14	13	0	1	3	3	4	151	317
MEDI	21	7	5	5	1	10	82	27	10	18	3	2	4	2	0	5	202	
	21	7	5	5	1	10	82	27	10	18	3	2	4	2	0	5	202	775
MEIG	0	1	0	1	0	0	5	0	1	0	0	0	0	1	0	0	9	
	0	1	0	1	0	0	5	0	1	0	0	0	0	1	0	0	9	113
MERC	5	2	3	4	0	1	26	9	4	3	2	0	0	0	3	1	63	
	5	2	3	4	0	1	26	9	4	3	2	0	0	0	3	1	63	329
MIAM	13	4	0	2	2	6	20	4	17	3	4	1	2	1	1	2	82	
	13	4	0	2	2	6	20	4	17	3	4	1	2	1	1	2	82	690
MONR	2	3	0	2	0	0	9	1	4	0	1	0	0	0	0	0	22	
	2	3	0	2	0	0	9	1	4	0	1	0	0	0	0	0	22	101
MONT	37	21	11	32	0	19	136	36	10	6	21	12	0	11	8	6	366	
	37	21	11	32	0	19	136	36	10	6	21	12	0	11	8	6	366	2515
MORG	3	2	1	3	0	4	10	4	4	1	0	0	1	1	1	0	35	
	3	2	1	3	0	4	10	4	4	1	0	0	1	1	1	0	35	80

First Line indicates Weekly Data  
Second Line indicates Year to Date



MUI Reports  
by Creation Date  
January 1 - December 31, 2002  
Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM
MORR	11	11	5	2	1	4	38	9	6	5	1	0	0	0	5	12	110	
	11	11	5	2	1	4	38	9	6	5	1	0	0	0	5	12	110	283
MUSK	27	9	2	25	0	3	51	8	3	4	21	1	1	14	7	1	177	
	27	9	2	25	0	3	51	8	3	4	21	1	1	14	7	1	177	399
NOBL	1	0	0	0	0	2	2	1	1	0	0	0	1	0	1	0	9	
	1	0	0	0	0	2	2	1	1	0	0	0	1	0	1	0	9	76
OTTA	5	1	1	4	0	10	21	6	2	3	1	1	2	1	5	0	63	
	5	1	1	4	0	10	21	6	2	3	1	1	2	1	5	0	63	328
PAUL	2	1	0	0	0	3	0	0	0	0	1	0	0	1	1	0	9	
	2	1	0	0	0	3	0	0	0	0	1	0	0	1	1	0	9	156
PERR	13	2	6	26	1	2	8	8	2	9	15	1	0	6	1	2	102	
	13	2	6	26	1	2	8	8	2	9	15	1	0	6	1	2	102	305
PICK	8	2	3	7	0	2	17	11	2	8	3	1	0	4	5	4	77	
	8	2	3	7	0	2	17	11	2	8	3	1	0	4	5	4	77	241
PIKE	5	2	8	4	0	3	17	8	0	3	4	0	1	0	0	0	55	
	5	2	8	4	0	3	17	8	0	3	4	0	1	0	0	0	55	232
PORT	23	6	12	23	1	7	54	23	19	9	5	0	1	3	0	21	207	
	23	6	12	23	1	7	54	23	19	9	5	0	1	3	0	21	207	738
PREB	1	0	1	1	0	5	28	12	0	6	1	0	0	2	11	2	70	
	1	0	1	1	0	5	28	12	0	6	1	0	0	2	11	2	70	272
PUTN	2	0	1	3	0	5	7	11	0	0	1	1	2	0	5	1	39	
	2	0	1	3	0	5	7	11	0	0	1	1	2	0	5	1	39	199
RICH	15	14	2	4	0	6	113	28	18	10	5	13	2	5	5	6	246	
	15	14	2	4	0	6	113	28	18	10	5	13	2	5	5	6	246	718
ROSS	18	4	2	7	3	3	23	27	3	6	11	1	2	0	2	33	145	
	18	4	2	7	3	3	23	27	3	6	11	1	2	0	2	33	145	476
SAND	11	1	2	17	0	4	43	9	13	5	10	5	1	7	4	13	145	
	11	1	2	17	0	4	43	9	13	5	10	5	1	7	4	13	145	379
SCIO	14	11	11	12	1	5	26	15	0	11	19	4	5	2	18	0	154	
	14	11	11	12	1	5	26	15	0	11	19	4	5	2	18	0	154	498
SENE	4	0	0	1	0	3	16	16	0	2	1	1	2	1	0	19	66	
	4	0	0	1	0	3	16	16	0	2	1	1	2	1	0	19	66	419
SHEL	10	3	1	4	1	3	14	5	4	2	1	1	5	0	4	0	58	
	10	3	1	4	1	3	14	5	4	2	1	1	5	0	4	0	58	315
STAR	86	32	32	72	8	31	160	82	11	22	35	17	0	16	58	136	798	
	86	32	32	72	8	31	160	82	11	22	35	17	0	16	58	136	798	2135
SUMM	93	31	36	61	10	20	79	61	9	19	26	21	0	9	5	19	499	
	93	31	36	61	10	20	79	61	9	19	26	21	0	9	5	19	499	2374
TRUM	36	11	15	35	7	20	158	34	14	9	41	4	2	8	24	10	428	
	36	11	15	35	7	20	158	34	14	9	41	4	2	8	24	10	428	1043
TUSC	11	1	0	13	1	5	22	9	2	2	2	0	0	1	7	1	77	
	11	1	0	13	1	5	22	9	2	2	2	0	0	1	7	1	77	462
UNIO	8	4	6	20	2	7	24	2	7	7	13	1	1	3	2	1	108	
	8	4	6	20	2	7	24	2	7	7	13	1	1	3	2	1	108	348

First Line indicates Weekly Data  
Second Line indicates Year to Date

MUI Reports  
by Creation Date  
January 1 - December 31, 2002  
Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.B ef. Supp.	Total	ADM
VANW	3	2	1	3	0	6	6	6	6	0	3	0	3	1	1	0	41	
	3	2	1	3	0	6	6	6	6	0	3	0	3	1	1	0	41	173
VINT	0	0	0	0	0	2	0	0	3	0	0	0	0	0	1	0	6	
	0	0	0	0	0	2	0	0	3	0	0	0	0	0	1	0	6	121
WARR	29	5	16	52	1	4	79	11	6	4	18	3	4	11	7	2	252	
	29	5	16	52	1	4	79	11	6	4	18	3	4	11	7	2	252	746
WASH	11	7	3	3	0	7	60	14	3	5	9	4	5	4	3	0	138	
	11	7	3	3	0	7	60	14	3	5	9	4	5	4	3	0	138	408
WAYN	10	3	9	5	1	16	37	16	8	4	6	1	0	0	1	1	118	
	10	3	9	5	1	16	37	16	8	4	6	1	0	0	1	1	118	522
WILL	1	2	1	8	0	3	8	1	11	1	0	0	0	1	1	1	39	
	1	2	1	8	0	3	8	1	11	1	0	0	0	1	1	1	39	299
WOOD	16	2	3	14	2	5	30	20	16	9	4	7	0	1	3	5	136	
	16	2	3	14	2	5	30	20	16	9	4	7	0	1	3	5	136	420
WYAN	0	0	0	2	0	1	2	4	0	0	1	0	0	0	0	0	10	
	0	0	0	2	0	1	2	4	0	0	1	0	0	0	0	0	10	139
ApDC	2	1	0	1	0	5	17	34	0	4	2	2	0	0	0	9	77	
	2	1	0	1	0	5	17	34	0	4	2	2	0	0	0	9	77	180
CaDC	2	4	2	1	0	1	24	25	0	6	0	4	1	0	1	10	81	
	2	4	2	1	0	1	24	25	0	6	0	4	1	0	1	10	81	110
CoDC	2	1	0	1	0	4	36	13	0	8	0	3	0	0	0	15	83	
	2	1	0	1	0	4	36	13	0	8	0	3	0	0	0	15	83	146
GaDC	9	0	0	4	0	5	32	11	0	3	4	0	0	0	0	10	78	
	9	0	0	4	0	5	32	11	0	3	4	0	0	0	0	10	78	241
MoDC	3	1	1	3	0	2	10	33	0	6	1	4	0	1	1	8	74	
	3	1	1	3	0	2	10	33	0	6	1	4	0	1	1	8	74	100
MvDC	3	1	4	2	1	9	48	13	1	5	1	1	0	0	0	16	105	
	3	1	4	2	1	9	48	13	1	5	1	1	0	0	0	16	105	223
NwDC	3	0	0	0	0	3	22	26	0	9	0	3	0	3	2	31	102	
	3	0	0	0	0	3	22	26	0	9	0	3	0	3	2	31	102	157
SpDC	1	0	1	0	0	3	21	11	0	7	1	0	0	0	1	3	49	
	1	0	1	0	0	3	21	11	0	7	1	0	0	0	1	3	49	107
SwDC	3	1	0	1	0	4	16	31	1	7	0	0	0	0	0	17	81	
	3	1	0	1	0	4	16	31	1	7	0	0	0	0	0	17	81	86
TIDC	8	0	1	4	2	3	24	39	0	11	1	3	1	0	3	31	131	
	8	0	1	4	2	3	24	39	0	11	1	3	1	0	3	31	131	182
WaDC	11	0	0	3	1	7	44	51	1	21	3	20	0	2	2	6	172	
	11	0	0	3	1	7	44	51	1	21	3	20	0	2	2	6	172	239
YoDC	2	0	0	1	0	1	24	38	1	0	2	1	0	2	1	12	85	
	2	0	0	1	0	1	24	38	1	0	2	1	0	2	1	12	85	115
DC	49	9	9	21	4	47	318	325	4	87	15	41	2	8	11	168	1118	
Total	49	9	9	21	4	47	318	325	4	87	15	41	2	8	11	168	1118	1887

First Line indicates Weekly Data  
Second Line indicates Year to Date

MUI Reports  
 by Creation Date  
 January 1 - December 31, 2002  
 Week/Year to Date

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unanticipated Hoap Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.B eh. Supp.	Total	ADM
County	1532	650	493	1399	127	699	4258	1597	716	552	920	407	153	377	475	848	15203	
<b>Total</b>	<b>1532</b>	<b>650</b>	<b>493</b>	<b>1399</b>	<b>127</b>	<b>699</b>	<b>4258</b>	<b>1597</b>	<b>716</b>	<b>552</b>	<b>920</b>	<b>407</b>	<b>153</b>	<b>377</b>	<b>475</b>	<b>848</b>	<b>15203</b>	<b>62304</b>
State Total	1581	659	502	1420	131	746	4576	1922	720	639	935	448	155	385	486	1016	16321	
	1581	659	502	1420	131	746	4576	1922	720	639	935	448	155	385	486	1016	16321	84191

First Line indicates Weekly Data  
 Second Line indicates Year to Date



MUI Reports  
 by Creation Date  
 January 1 - December 31, 2003  
 Week/Year to Date  
 Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Alt. Suicide	Death	Unannounced Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropiation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM
ADAM	0	1	2	0	0	1	7	2	0	3	0	0	0	0	0	0	16	
	0	1	2	0	0	1	7	2	0	3	0	0	0	0	0	0	16	139
ALLE	29	7	11	17	4	7	93	43	11	13	28	20	1	5	1	63	353	872
	29	7	11	17	4	7	93	43	11	13	28	20	1	5	1	63	353	872
ASHL	8	2	1	2	0	4	11	3	3	1	3	3	1	0	2	0	44	
	8	2	1	2	0	4	11	3	3	1	3	3	1	0	2	0	44	272
ASHT	5	6	2	12	1	11	33	20	5	10	6	4	1	0	3	5	124	
	5	6	2	12	1	11	33	20	5	10	6	4	1	0	3	5	124	552
ATHE	15	2	9	7	0	2	24	13	4	13	6	6	2	0	1	6	110	
	15	2	9	7	0	2	24	13	4	13	6	6	2	0	1	6	110	333
AUGL	4	0	0	9	1	2	25	14	0	1	8	1	1	0	0	5	71	
	4	0	0	9	1	2	25	14	0	1	8	1	1	0	0	5	71	299
BELM	10	2	2	3	0	6	65	22	5	4	4	3	2	1	0	0	129	
	10	2	2	3	0	6	65	22	5	4	4	3	2	1	0	0	129	468
BROW	3	1	1	1	0	0	4	2	0	2	0	1	0	2	0	0	17	
	3	1	1	1	0	0	4	2	0	2	0	1	0	2	0	0	17	159
BUTL	26	9	10	22	5	12	128	39	25	3	8	3	2	4	7	3	306	
	26	9	10	22	5	12	128	39	25	3	8	3	2	4	7	3	306	1609
CARR	5	1	2	2	0	0	7	10	1	4	3	0	0	1	0	14	50	
	5	1	2	2	0	0	7	10	1	4	3	0	0	1	0	14	50	212
CHAM	1	3	4	6	0	3	17	7	1	9	0	0	1	0	2	5	59	
	1	3	4	6	0	3	17	7	1	9	0	0	1	0	2	5	59	375
CLAR	24	8	8	15	3	17	133	44	22	26	34	15	7	4	3	15	378	
	24	8	8	15	3	17	133	44	22	26	34	15	7	4	3	15	378	1028
CLER	3	1	4	1	0	8	41	11	4	4	11	1	0	2	3	10	104	
	3	1	4	1	0	8	41	11	4	4	11	1	0	2	3	10	104	1056
CLIN	1	0	0	1	0	2	11	4	1	1	1	0	0	0	0	6	28	
	1	0	0	1	0	2	11	4	1	1	1	0	0	0	0	6	28	179
COLU	12	9	1	9	0	3	46	13	1	1	1	0	0	0	0	5	101	
	12	9	1	9	0	3	46	13	1	1	1	0	0	0	0	5	101	509
COSH	15	9	7	13	2	5	49	22	4	12	13	0	3	1	10	25	190	
	15	9	7	13	2	5	49	22	4	12	13	0	3	1	10	25	190	341
CRAW	22	10	4	5	1	3	21	5	5	7	11	7	2	0	2	26	131	
	22	10	4	5	1	3	21	5	5	7	11	7	2	0	2	26	131	293
CUYA	181	69	52	112	13	65	485	119	47	28	103	77	23	27	7	103	1511	
	181	69	52	112	13	65	485	119	47	28	103	77	23	27	7	103	1511	7942

First Line Indicates Weekly Data  
 Second Line Indicates Year to Date

MUI Reports  
by Creation Date  
January 1 - December 31, 2003  
Week/Year to Date  
Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Alt. Suicide	Death	Unannounced Hosp Adm	Injury	Low Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Sh. Supp.	Total	ADM
DARK	7	7	1	4	0	2	25	11	11	10	6	1	0	0	7	8	100	
	7	7	1	4	0	2	25	11	11	10	6	1	0	0	7	8	100	321
DEFI	3	0	1	1	1	1	24	1	0	0	2	0	1	0	0	0	35	
	3	0	1	1	1	1	24	1	0	0	2	0	1	0	0	0	35	220
DELA	5	3	1	4	2	6	21	11	3	5	5	1	0	1	0	3	71	
	5	3	1	4	2	6	21	11	3	5	5	1	0	1	0	3	71	940
ERIE	4	0	2	7	0	4	34	15	4	3	5	2	1	0	2	0	83	
	4	0	2	7	0	4	34	15	4	3	5	2	1	0	2	0	83	449
FAIR	12	10	12	13	1	7	42	25	15	3	10	2	2	4	4	24	186	
	12	10	12	13	1	7	42	25	15	3	10	2	2	4	4	24	186	553
FAYE	0	0	3	4	0	3	7	1	1	1	5	0	2	0	0	0	27	
	0	0	3	4	0	3	7	1	1	1	5	0	2	0	0	0	27	147
FRAN	218	88	90	154	14	80	509	151	100	41	175	94	22	13	33	95	1877	
	218	88	90	154	14	80	509	151	100	41	175	94	22	13	33	95	1877	7784
FULT	2	2	1	2	1	4	7	1	0	2	5	0	0	0	0	1	28	
	2	2	1	2	1	4	7	1	0	2	5	0	0	0	0	1	28	253
GALL	3	3	2	3	0	1	36	10	0	6	0	0	3	2	0	5	74	
	3	3	2	3	0	1	36	10	0	6	0	0	3	2	0	5	74	194
GEAU	9	11	6	21	2	2	28	9	2	12	1	8	2	7	6	11	137	
	9	11	6	21	2	2	28	9	2	12	1	8	2	7	6	11	137	530
GREE	7	4	2	4	2	8	23	14	2	5	7	0	1	0	3	8	90	
	7	4	2	4	2	8	23	14	2	5	7	0	1	0	3	8	90	643
GUER	5	6	0	7	1	5	30	4	2	5	0	2	1	1	0	11	80	
	5	6	0	7	1	5	30	4	2	5	0	2	1	1	0	11	80	245
HAMI	99	39	32	89	8	37	281	88	55	7	57	27	6	20	6	48	899	
	99	39	32	89	8	37	281	88	55	7	57	27	6	20	6	48	899	4805
HANC	21	2	4	9	1	3	18	14	6	6	1	4	2	0	1	5	97	
	21	2	4	9	1	3	18	14	6	6	1	4	2	0	1	5	97	400
HARD	2	1	1	1	0	0	7	1	2	1	1	0	0	0	0	1	18	
	2	1	1	1	0	0	7	1	2	1	1	0	0	0	0	1	18	165
HARR	2	1	2	0	0	1	11	3	0	1	3	0	0	0	1	0	25	
	2	1	2	0	0	1	11	3	0	1	3	0	0	0	1	0	25	124
HENR	3	1	1	1	0	3	33	10	0	6	2	1	0	2	4	0	67	
	3	1	1	1	0	3	33	10	0	6	2	1	0	2	4	0	67	378
HIGH	2	0	1	5	0	1	12	8	2	3	2	0	0	0	1	1	38	
	2	0	1	5	0	1	12	8	2	3	2	0	0	0	1	1	38	233

First Line Indicates Weekly Data  
Second Line Indicates Year to Date



MUI Reports  
 by Creation Date  
 January 1 - December 31, 2003  
 Week/Year to Date  
 Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Alt. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.B eh. Supp.	Total	ADM
HOCK	1	4	1	0	0	1	8	0	0	2	1	1	1	2	0	2	24	
	1	4	1	0	0	1	8	0	0	2	1	1	1	2	0	2	24	216
HOLM	1	0	6	8	0	6	6	4	4	1	2	1	0	1	5	3	48	
	1	0	6	8	0	6	6	4	4	1	2	1	0	1	5	3	48	253
HURO	11	11	3	7	0	3	14	3	2	1	5	4	3	0	1	5	73	
	11	11	3	7	0	3	14	3	2	1	5	4	3	0	1	5	73	259
JACK	9	4	1	4	0	2	10	8	1	0	2	0	0	0	1	1	43	
	9	4	1	4	0	2	10	8	1	0	2	0	0	0	1	1	43	114
JEFF	1	4	4	8	2	3	61	19	4	6	12	0	1	10	0	16	151	
	1	4	4	8	2	3	61	19	4	6	12	0	1	10	0	16	151	384
KNOX	6	6	3	2	0	9	28	11	9	9	3	3	4	4	3	24	124	
	6	6	3	2	0	9	28	11	9	9	3	3	4	4	3	24	124	367
LAKE	21	12	8	10	3	12	93	42	5	5	8	16	2	1	8	37	283	
	21	12	8	10	3	12	93	42	5	5	8	16	2	1	8	37	283	1273
LAWR	14	8	2	9	0	7	50	17	6	3	4	0	4	1	0	2	127	
	14	8	2	9	0	7	50	17	6	3	4	0	4	1	0	2	127	482
LICK	40	20	5	35	3	11	86	28	17	14	14	4	7	0	10	16	310	
	40	20	5	35	3	11	86	28	17	14	14	4	7	0	10	16	310	931
LOGA	17	2	9	7	0	1	29	6	15	6	14	0	1	1	10	6	124	
	17	2	9	7	0	1	29	6	15	6	14	0	1	1	10	6	124	405
LORA	14	14	9	11	1	19	111	35	16	4	12	8	2	3	11	32	302	
	14	14	9	11	1	19	111	35	16	4	12	8	2	3	11	32	302	1823
LUCA	123	31	41	86	10	37	296	73	55	26	70	27	12	0	21	142	1050	
	123	31	41	86	10	37	296	73	55	26	70	27	12	0	21	142	1050	2793
MADI	10	1	0	4	1	2	15	9	2	9	7	3	2	3	1	10	79	
	10	1	0	4	1	2	15	9	2	9	7	3	2	3	1	10	79	250
MAHO	23	4	13	14	0	14	109	23	6	6	4	3	2	1	1	56	279	
	23	4	13	14	0	14	109	23	6	6	4	3	2	1	1	56	279	1023
MARI	20	10	15	19	0	6	41	14	14	4	6	4	0	1	1	23	178	
	20	10	15	19	0	6	41	14	14	4	6	4	0	1	1	23	178	349
MEDI	17	9	10	9	3	12	97	25	17	20	10	5	0	0	6	26	266	
	17	9	10	9	3	12	97	25	17	20	10	5	0	0	6	26	266	798
MEIG	0	0	1	0	0	1	4	1	2	0	0	0	0	0	0	0	9	
	0	0	1	0	0	1	4	1	2	0	0	0	0	0	0	0	9	122
MERC	9	0	0	2	0	5	28	12	3	5	2	0	1	0	2	2	71	
	9	0	0	2	0	5	28	12	3	5	2	0	1	0	2	2	71	325
MIAM	3	3	1	1	0	5	39	8	25	2	8	1	2	0	1	2	101	
	3	3	1	1	0	5	39	8	25	2	8	1	2	0	1	2	101	629
MONR	0	1	0	2	0	0	14	0	0	1	2	0	0	1	1	0	22	
	0	1	0	2	0	0	14	0	0	1	2	0	0	1	1	0	22	113

First Line Indicates Weekly Data  
 Second Line Indicates Year to Date

MUI Reports  
 by Creation Date  
 January 1 - December 31, 2003  
 Week/Year to Date  
 Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Att. Suicide	Death	Unincorporated Hosp Adm.	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. II eh. Supp.	Total	ADM
MONT	42	16	11	34	1	21	190	42	6	7	35	15	1	3	11	9	444	
	42	16	11	34	1	21	190	42	6	7	35	15	1	3	11	9	444	2756
MORG	1	0	4	3	0	1	13	3	0	2	5	0	0	0	0	4	36	87
	1	0	4	3	0	1	13	3	0	2	5	0	0	0	0	4	36	87
MORR	6	5	0	2	0	1	8	5	3	6	1	0	0	0	1	10	48	
	6	5	0	2	0	1	8	5	3	6	1	0	0	0	1	10	48	259
MUSK	13	8	3	9	2	4	33	7	3	1	13	0	1	5	3	16	121	
	13	8	3	9	2	4	33	7	3	1	13	0	1	5	3	16	121	418
NOBL	4	0	1	1	0	0	5	2	3	1	1	0	0	0	0	0	18	
	4	0	1	1	0	0	5	2	3	1	1	0	0	0	0	0	18	77
OTTA	2	1	0	5	0	12	24	6	0	3	3	0	1	1	2	0	60	
	2	1	0	5	0	12	24	6	0	3	3	0	1	1	2	0	60	323
PAUL	1	2	0	4	1	1	15	1	3	3	1	0	3	1	1	0	37	
	1	2	0	4	1	1	15	1	3	3	1	0	3	1	1	0	37	180
PERR	12	1	10	14	1	2	20	8	2	2	7	0	1	3	2	3	88	
	12	1	10	14	1	2	20	8	2	2	7	0	1	3	2	3	88	350
PICK	8	5	1	6	3	1	30	7	3	15	2	0	0	2	4	6	93	
	8	5	1	6	3	1	30	7	3	15	2	0	0	2	4	6	93	246
PIKE	5	2	7	3	0	4	12	8	2	1	0	1	2	0	0	1	48	
	5	2	7	3	0	4	12	8	2	1	0	1	2	0	0	1	48	234
PORT	30	7	12	13	3	8	76	35	18	10	6	1	6	0	0	20	245	
	30	7	12	13	3	8	76	35	18	10	6	1	6	0	0	20	245	797
PREB	3	2	2	4	0	6	40	11	6	5	2	2	0	0	3	5	91	
	3	2	2	4	0	6	40	11	6	5	2	2	0	0	3	5	91	302
PUTN	2	2	2	5	0	0	9	7	2	0	3	2	1	0	3	1	39	
	2	2	2	5	0	0	9	7	2	0	3	2	1	0	3	1	39	199
RICH	17	11	4	22	0	4	81	23	17	23	17	20	1	3	1	46	290	
	17	11	4	22	0	4	81	23	17	23	17	20	1	3	1	46	290	875
ROSS	19	2	2	8	3	4	33	8	19	3	6	3	0	1	4	27	142	
	19	2	2	8	3	4	33	8	19	3	6	3	0	1	4	27	142	503
SAND	16	2	4	14	0	7	38	11	6	3	14	4	2	5	1	16	143	
	16	2	4	14	0	7	38	11	6	3	14	4	2	5	1	16	143	388
SCIO	15	9	14	10	1	2	26	14	4	7	17	11	13	4	4	0	151	
	15	9	14	10	1	2	26	14	4	7	17	11	13	4	4	0	151	498
SENE	4	0	1	4	0	6	12	13	0	1	5	1	4	0	2	4	57	
	4	0	1	4	0	6	12	13	0	1	5	1	4	0	2	4	57	414
SHEL	9	5	7	8	0	8	25	12	7	2	3	1	3	0	2	1	93	
	9	5	7	8	0	8	25	12	7	2	3	1	3	0	2	1	93	379
STAR	81	29	35	63	8	31	149	71	9	29	42	17	1	9	30	104	708	
	81	29	35	63	8	31	149	71	9	29	42	17	1	9	30	104	708	2239

First Line Indicates Weekly Data  
 Second Line Indicates Year to Date



MUI Reports  
 by Creation Date  
 January 1 - December 31, 2003  
 Week/Year to Date  
 Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Alt. Suicide	Death	Unannounced Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp.8 sh. Supp.	Total	ADM
SUMM	41	22	35	75	12	29	91	37	12	8	20	26	4	4	6	124	546	
	41	22	35	75	12	29	91	37	12	8	20	26	4	4	6	124	546	2342
TRUM	36	8	14	26	5	15	174	34	12	13	42	8	5	3	13	32	440	
	36	8	14	26	5	15	174	34	12	13	42	8	5	3	13	32	440	1008
TJSC	5	2	4	9	1	8	31	13	3	4	4	1	1	3	1	16	106	
	5	2	4	9	1	8	31	13	3	4	4	1	1	3	1	16	106	485
UNIO	18	6	6	11	0	3	26	8	3	7	14	0	0	0	1	4	107	
	18	6	6	11	0	3	26	8	3	7	14	0	0	0	1	4	107	394
VANW	3	2	0	10	0	1	5	5	3	5	1	0	2	1	1	2	41	
	3	2	0	10	0	1	5	5	3	5	1	0	2	1	1	2	41	239
VINT	3	2	1	0	0	3	2	1	1	2	7	0	1	1	1	1	26	
	3	2	1	0	0	3	2	1	1	2	7	0	1	1	1	1	26	59
WARR	19	5	7	20	0	6	121	13	8	4	4	11	0	7	2	7	234	
	19	5	7	20	0	6	121	13	8	4	4	11	0	7	2	7	234	947
WASH	10	6	4	11	0	5	60	20	5	5	12	6	0	1	6	5	156	
	10	6	4	11	0	5	60	20	5	5	12	6	0	1	6	5	156	413
WAYN	12	3	7	3	3	6	34	13	7	7	8	6	3	0	0	1	113	
	12	3	7	3	3	6	34	13	7	7	8	6	3	0	0	1	113	546
WILL	4	3	1	9	0	1	20	3	4	2	5	0	1	3	5	5	66	
	4	3	1	9	0	1	20	3	4	2	5	0	1	3	5	5	66	331
WOOD	4	4	7	16	4	5	36	17	10	16	6	1	0	0	0	6	132	
	4	4	7	16	4	5	36	17	10	16	6	1	0	0	0	6	132	459
WYAN	3	1	0	0	0	5	17	3	0	1	1	0	0	0	5	1	37	
	3	1	0	0	0	5	17	3	0	1	1	0	0	0	5	1	37	171
ApDC	5	0	0	2	0	7	17	21	0	11	3	8	0	2	2	6	84	
	5	0	0	2	0	7	17	21	0	11	3	8	0	2	2	6	84	180
CaDC	5	1	0	1	0	3	27	11	0	1	0	0	0	0	0	2	51	
	5	1	0	1	0	3	27	11	0	1	0	0	0	0	0	2	51	110
CoDC	11	0	1	2	2	2	23	10	0	4	0	6	0	1	0	8	70	
	11	0	1	2	2	2	23	10	0	4	0	6	0	1	0	8	70	146
GaDC	12	0	0	2	1	9	32	18	0	11	4	0	0	0	2	8	99	
	12	0	0	2	1	9	32	18	0	11	4	0	0	0	2	8	99	241
MoDC	5	1	0	1	1	1	22	31	0	7	1	1	0	0	0	5	76	
	5	1	0	1	1	1	22	31	0	7	1	1	0	0	0	5	76	100
MvDC	5	1	1	6	0	7	33	15	0	6	2	0	0	0	0	6	82	
	5	1	1	6	0	7	33	15	0	6	2	0	0	0	0	6	82	223
NwDC	5	0	2	1	0	0	24	26	0	2	1	5	0	1	2	19	88	
	5	0	2	1	0	0	24	26	0	2	1	5	0	1	2	19	88	157
SpDC	4	0	0	2	0	2	19	15	0	3	0	0	0	0	1	1	47	
	4	0	0	2	0	2	19	15	0	3	0	0	0	0	1	1	47	107

First Line Indicates Weekly Data  
 Second Line Indicates Year to Date

MUI Reports  
 by Creation Date  
 January 1 - December 31, 2003  
 Week/Year to Date  
 Report Created 1/20/04

County	Alleged Physical Abuse	Alleged Sexual Abuse	Alleged Verbal Abuse	Alleged Neglect	Aff. Suicide	Death	Unanticipated Hosp Adm	Injury	Law Enforcement	Med. Emer.	Misappropriation	Missing Person	Relocation	Rights Code	Series	Unapp. Beh. Supp.	Total	ADM
SwDC	1	0	0	4	1	0	18	25	0	6	1	1	0	0	2	4	63	
	1	0	0	4	1	0	18	25	0	6	1	1	0	0	2	4	63	86
TiDC	7	0	0	1	0	2	22	24	0	13	1	2	0	0	2	16	90	
	7	0	0	1	0	2	22	24	0	13	1	2	0	0	2	16	90	182
WaDC	26	1	2	13	1	5	60	74	0	21	5	25	0	1	0	10	244	
	26	1	2	13	1	5	60	74	0	21	5	25	0	1	0	10	244	239
YoDC	0	0	0	1	0	5	34	40	0	3	2	0	0	2	0	4	91	
	0	0	0	1	0	5	34	40	0	3	2	0	0	2	0	4	91	116
DC	86	4	6	36	6	43	331	310	0	88	20	48	0	7	11	89	1085	
Total	86	4	6	36	6	43	331	310	0	88	20	48	0	7	11	89	1085	1887
County	1556	635	620	1226	134	685	4943	1569	728	581	1020	500	190	186	307	1394	16274	
Total	1556	635	620	1226	134	685	4943	1569	728	581	1020	500	190	186	307	1394	16274	66849
State Total	1642	639	626	1262	140	728	5274	1879	728	669	1040	548	190	193	318	1483	17359	
	1642	639	626	1262	140	728	5274	1879	728	669	1040	548	190	193	318	1483	17359	68736

First Line indicates Weekly Data  
 Second Line indicates Year to Date



Substantiation Rates for 2002 Incidents  
As of 3/9/04

County	Total Physical Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Note Specified	% Substantiated	Total Misappropriation	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated
Adams	4	1	0	2	0	1	33%	0	0	0	0	1	0	0%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A
Allen	41	22	19	0	0	0	54%	26	13	11	2	0	0	50%	31	25	6	0	0	0	81%	33	25	6	2	0	0	76%
Apple Creek	3	0	0	1	2	0	0%	1	0	0	1	0	0	0%	1	0	1	0	0	0	0%	2	1	1	0	0	0	50%
Ashland	2	1	0	0	1	0	50%	2	0	0	0	2	0	0%	2	2	0	0	0	0	100%	2	1	0	1	0	0	50%
Ashtabula	9	5	1	0	3	0	56%	7	0	2	3	2	0	0%	12	6	1	3	2	0	50%	5	3	2	0	0	0	60%
Athens	9	2	7	0	0	0	22%	4	0	4	0	0	0	0%	15	11	3	1	0	0	73%	3	0	1	2	0	0	0%
Auglaize	8	4	1	2	0	1	57%	1	1	0	0	0	0	0%	11	9	0	1	1	0	82%	3	0	3	0	0	0	0%
Belmont	4	1	3	0	0	0	25%	5	1	2	2	1	0	20%	12	8	3	0	0	1	73%	9	3	3	2	1	0	33%
Brown	4	0	4	0	0	0	0%	3	2	1	0	0	0	67%	3	2	0	1	0	0	67%	1	1	0	0	0	0	100%
Butler	26	12	7	5	1	1	48%	13	7	3	0	2	0	53%	22	12	4	3	2	1	57%	10	3	6	0	0	1	33%
Cambridge Dev. Ctr.	2	1	1	0	0	0	50%	1	1	0	0	1	0	50%	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A
Carroll	9	3	4	2	0	0	33%	2	1	1	0	0	0	50%	7	3	3	0	1	0	43%	5	2	2	0	1	0	40%
Champaign	3	1	1	0	1	0	33%	0	0	0	0	0	0	N/A	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A
Clark	25	9	3	7	6	0	36%	14	7	3	3	1	0	50%	15	9	2	1	1	2	69%	23	16	2	4	1	0	70%
Clermont	4	1	2	1	0	0	25%	4	2	0	1	1	0	50%	8	5	3	0	0	0	63%	11	7	4	0	0	0	64%
Clinton	1	1	0	0	0	0	100%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A
Columbiana	5	3	2	0	0	0	60%	1	0	0	1	0	0	0%	6	3	3	0	0	0	50%	1	1	0	0	0	0	100%
Columbus Dev. Ctr.	2	0	1	1	0	0	0%	1	0	1	0	0	0	0%	1	1	0	0	0	0	100%	0	0	0	0	0	0	N/A
Coshocton	19	8	8	2	0	1	44%	4	1	1	2	0	0	25%	22	11	5	3	2	1	52%	3	2	0	1	0	0	67%
Crawford	16	9	6	1	0	0	56%	14	7	6	3	4	0	7%	1	0	1	0	0	0%	3	0	1	1	1	0	0%	
Cuyahoga	126	34	63	23	4	2	27%	58	13	27	9	8	1	22%	93	61	25	4	3	0	66%	88	60	21	4	2	1	69%
Darke	6	2	3	1	0	0	33%	2	1	1	0	0	0	100%	2	2	0	0	0	0	100%	1	0	1	0	0	0	0%
Defiance	2	0	2	0	0	0	0%	3	1	2	0	0	0	0%	7	1	6	0	0	0	14%	3	2	1	0	0	0	67%
Delaware	3	1	1	1	0	0	33%	3	0	2	0	0	0	0%	4	3	1	0	0	0	75%	5	2	2	1	0	0	40%
Erie	6	4	1	0	1	0	67%	1	0	0	0	0	0	0%	6	4	1	1	0	0	67%	16	14	2	0	0	0	88%
Fairfield	9	3	3	1	1	1	38%	5	1	2	1	1	0	20%	18	9	5	2	2	0	50%	7	4	2	0	1	0	57%
Fayette	2	1	0	1	0	0	50%	3	2	0	1	0	0	0%	5	3	0	0	1	1	75%	2	2	0	0	0	0	100%
Franklin	221	61	125	18	16	1	28%	89	11	60	8	7	3	12%	226	119	78	11	13	5	54%	174	84	58	23	5	4	49%
Fulton	5	2	0	2	1	0	40%	0	0	0	0	0	0	N/A	3	2	1	0	0	0	67%	1	0	1	0	0	0	0%
Gallia	5	0	5	0	0	0	0%	2	0	2	0	0	0	0%	1	1	0	0	0	0	100%	2	2	0	0	0	0	100%
Gallipolis Dev. Ctr.	9	1	5	1	2	0	11%	0	0	0	0	0	0	N/A	4	0	4	0	0	0	0%	4	0	4	0	0	0	0%
Geauga	4	1	2	0	0	1	33%	8	6	0	0	1	0	75%	13	11	2	0	0	0	85%	1	1	0	0	0	0	100%
Greene	8	4	2	1	1	0	50%	5	1	3	1	0	0	25%	2	1	0	0	1	0	50%	1	1	0	0	0	0	100%
Guernsey	6	3	3	0	0	0	50%	4	0	3	1	0	0	0%	8	5	3	0	0	0	63%	6	5	0	1	0	0	83%
Hamilton	114	36	55	13	4	6	33%	42	16	21	3	0	0	38%	95	59	27	4	2	3	64%	68	48	15	4	0	1	72%
Hancock	20	16	4	0	0	0	80%	2	0	0	0	0	0	0%	6	6	0	0	0	0	100%	1	0	1	0	0	0	0%
Hardin	3	1	1	0	1	0	33%	3	1	1	0	0	0	50%	4	0	3	0	1	0	0%	4	1	3	0	0	0	25%
Harrison	4	1	2	1	0	0	25%	4	0	3	1	0	0	0%	2	1	0	1	0	0	0%	2	1	1	0	0	0	50%
Henry	2	1	1	0	0	0	50%	3	0	0	2	1	0	0%	1	1	0	0	0	0	100%	0	0	0	0	0	0	N/A
Highland	4	0	2	2	0	0	0%	0	0	0	0	0	0	N/A	2	0	2	0	0	0	0%	1	0	1	0	0	0	0%
Hocking	1	0	0	0	0	1	0%	5	3	0	0	2	0	60%	2	1	1	0	0	0	0%	0	0	0	0	0	0	N/A
Holmes	3	1	1	0	0	1	50%	0	0	0	0	0	0	N/A	7	2	2	0	0	3	50%	1	1	0	0	0	0	100%

Substantiation Rate equals Substantiated Incidents Divided by the Total Incidents minus Open/Not Indicated Incidents



**Substantiation Rates for 2002 Incidents  
As of 3/9/04**

County	Total Physical Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Misappropriation	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated
Huron	5	1	0	2	2	0	20%	3	0	0	1	2	0	0%	9	6	1	0	0	0	89%	6	3	0	3	0	50%	
Jackson	5	2	2	0	1	0	40%	1	0	1	0	0	0	0%	1	0	1	0	0	0	0%	0	0	0	0	0	N/A	
Jefferson	4	2	2	0	0	0	50%	12	2	2	7	1	0	17%	1	1	0	0	0	0	100%	14	6	5	1	1	46%	
Knox	6	1	2	3	0	0	17%	7	0	1	2	3	1	0%	4	2	2	0	0	0	0%	4	1	1	0	0	25%	
Lake	28	6	11	6	3	0	23%	8	1	3	1	3	0	14%	16	11	4	1	0	0	69%	12	7	4	0	1	58%	
Lawrence	6	3	2	0	1	0	50%	9	6	3	0	0	0	67%	2	1	1	0	0	0	50%	1	1	0	0	0	100%	
Licking	29	6	14	5	3	1	21%	15	2	8	3	0	2	13%	46	19	13	9	4	1	42%	29	12	10	6	1	41%	
Logan	17	8	4	3	2	0	47%	6	2	4	0	0	0	50%	10	4	5	0	1	0	40%	5	1	4	0	0	20%	
Lorain	5	2	3	0	0	0	40%	7	4	3	0	0	0	57%	7	4	2	0	1	0	57%	3	3	0	0	0	100%	
Lucas	95	37	39	9	9	1	39%	23	4	13	2	4	0	17%	95	57	25	4	8	1	61%	46	26	11	7	2	57%	
Madison	14	6	6	1	1	0	43%	6	0	4	2	0	0	0%	6	5	1	0	0	0	83%	9	2	5	1	1	22%	
Mahoning	28	8	16	2	2	0	29%	5	0	3	1	1	0	0%	32	18	11	1	0	2	60%	8	4	3	1	0	50%	
Marion	8	2	6	0	0	0	25%	3	0	3	0	0	0	0%	24	0	22	1	1	0	0%	13	3	9	0	0	25%	
Medina	21	5	13	0	3	0	24%	7	0	5	2	0	0	0%	5	5	0	0	0	0	100%	4	0	3	1	0	0%	
Meigs	0	0	0	0	0	0	N/A	1	0	1	0	0	0	0%	1	0	1	0	0	0	0%	0	0	0	0	0	N/A	
Mercer	5	0	3	1	1	0	0%	2	0	2	0	0	0	0%	4	2	2	0	0	0	50%	2	1	1	0	0	50%	
Miami	13	3	8	2	0	0	23%	4	0	2	2	0	0	0%	2	0	2	0	0	0	0%	4	1	1	1	1	25%	
Monroe	2	0	2	0	0	0	0%	3	1	2	0	0	0	0%	2	0	2	0	0	0	0%	2	1	1	0	0	50%	
Montgomery	38	15	14	6	2	1	41%	21	9	5	2	3	2	43%	34	15	11	1	7	0	44%	23	19	0	1	3	83%	
Montgomery DC	3	1	1	1	0	0	33%	1	0	0	0	0	0	100%	3	1	2	0	0	0	33%	1	1	0	0	0	100%	
Morgan	3	1	0	2	0	0	33%	2	0	1	1	0	0	0%	3	2	1	0	0	0	67%	2	0	0	2	0	0%	
Morrow	12	2	7	1	2	0	17%	12	5	5	1	1	0	42%	2	0	2	0	0	0	0%	2	2	0	0	0	100%	
Mt. Vernon DC	3	0	2	1	0	0	0%	1	0	1	0	0	0	0%	2	1	1	0	0	0	50%	2	0	1	0	1	0%	
Muskingum	27	5	14	3	1	4	22%	10	1	6	2	0	1	10%	25	12	11	1	0	1	50%	22	6	13	1	0	30%	
Noble	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A	0	0	0	0	0	N/A	
Northwest DC	4	3	0	1	0	0	75%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A	0	0	0	0	0	N/A	
Ottawa	5	2	1	2	0	0	40%	1	0	0	0	0	0	0%	4	3	1	0	0	0	75%	1	0	0	1	0	0%	
Paulding	2	1	1	0	0	0	50%	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A	1	1	0	0	0	100%	
Perry	14	1	7	4	2	0	7%	2	0	2	0	0	0	0%	26	13	13	0	0	0	50%	15	7	5	3	0	47%	
Pickaway	8	3	2	3	0	0	38%	2	0	1	1	0	0	0%	7	6	0	1	0	0	86%	3	2	1	0	0	67%	
Pike	4	0	3	0	0	1	0%	2	0	1	0	0	0	0%	4	1	2	0	1	0	25%	4	4	0	0	0	100%	
Portage	24	9	7	1	7	0	38%	6	1	2	2	1	0	17%	23	19	4	0	0	0	83%	7	4	2	1	0	57%	
Preble	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A	1	1	0	0	0	0	100%	1	1	0	0	0	100%	
Putnam	2	1	1	0	0	0	50%	0	0	0	0	0	0	N/A	3	2	1	0	0	0	67%	1	0	1	0	0	0%	
Richland	15	5	3	2	5	0	33%	14	7	3	2	2	0	50%	4	1	2	0	1	0	25%	6	1	0	1	3	20%	
Ross	18	8	8	1	1	0	44%	4	1	2	1	0	0	25%	7	6	1	0	0	0	86%	11	6	2	2	1	55%	
Sandusky	11	7	1	3	0	0	64%	3	1	0	0	0	0	100%	17	9	6	0	2	0	53%	12	9	1	2	0	75%	
Scioto	14	0	13	0	1	0	0%	11	0	9	1	1	0	0%	12	3	7	1	0	1	27%	19	1	12	4	2	5%	
Seneca	4	2	2	0	0	0	50%	0	0	0	0	0	0	N/A	1	1	0	0	0	0	100%	1	0	0	1	0	0%	
Shelby	10	4	5	1	0	0	40%	3	3	0	0	0	0	100%	4	1	1	1	1	0	25%	2	1	0	1	0	50%	
SODC	3	0	1	1	1	0	0%	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A	0	0	0	0	0	N/A	
Springview DC	1	0	1	0	0	0	0%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A	1	0	1	0	0	0%	

Substantiation Rate equals Substantiated Incidents Divided by the Total Incidents minus Open/Not Indicated Incidents

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**Substantiation Rates for 2002 Incidents  
As of 3/9/04**

County	Total Physical Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Misappropriation	Substantiated	Unsubstantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated
Stark	88	33	36	8	6	3	39%	32	11	20	1	0	0	34%	72	34	30	3	5	0	47%	35	13	15	2	5	0	37%
Summit	93	31	48	8	3	3	34%	32	15	10	4	1	2	47%	61	43	16	1	1	0	70%	26	10	14	1	0	1	40%
Tiffin Dev. Ctr.	7	2	3	2	0	0	29%	0	0	0	0	0	0	0%	4	1	2	1	0	0	25%	1	0	1	0	0	0	0%
Trumbull	36	9	19	4	3	1	25%	11	2	3	2	3	1	16%	35	20	11	2	2	0	57%	41	21	14	2	2	2	54%
Tuscarawas	12	2	10	0	0	0	17%	1	1	0	0	0	0	0%	13	6	6	1	0	0	46%	2	1	1	0	0	0	50%
Union	8	4	0	3	1	0	50%	4	0	3	1	0	0	0%	20	16	1	2	1	0	80%	13	2	8	3	0	0	15%
Van Wert	3	2	1	0	0	0	67%	2	1	0	1	0	0	50%	3	3	0	0	0	0	100%	3	2	0	0	1	0	67%
Vinton	0	0	0	0	0	0	N/A	0	0	0	0	0	0	0%	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A
Warren	29	4	18	0	6	1	14%	5	1	4	0	0	0	20%	52	30	19	0	2	1	59%	18	11	4	0	1	2	69%
Warrensville DC	13	5	2	3	3	0	38%	0	0	0	0	0	0	0%	3	1	0	2	0	0	0%	3	2	1	0	0	0	67%
Washington	11	4	3	1	1	2	44%	7	1	5	1	0	0	14%	3	1	2	0	0	0	33%	9	7	2	0	0	0	78%
Wayne	10	1	5	3	1	0	10%	3	1	2	0	0	0	33%	4	2	2	0	0	0	50%	6	3	1	1	1	0	50%
Williams	1	1	0	0	0	0	100%	2	0	1	1	0	0	0%	8	8	0	0	0	0	100%	0	0	0	0	0	0	N/A
Wood	15	7	8	0	0	0	47%	2	0	2	0	0	0	0%	14	12	2	0	0	0	86%	5	3	2	0	0	0	60%
Wyandot	0	0	0	0	0	0	N/A	0	0	0	0	0	0	N/A	2	1	0	0	1	0	0%	1	1	0	0	0	0	100%
Youngstown DC	2	1	1	0	0	0	50%	0	0	0	0	0	0	N/A	1	0	1	0	0	0	0%	2	0	2	0	0	0	0%
<b>Totals</b>	<b>1603</b>	<b>525</b>	<b>736</b>	<b>188</b>	<b>119</b>	<b>35</b>	<b>33%</b>	<b>1015</b>	<b>367</b>	<b>171</b>	<b>95</b>	<b>62</b>	<b>20</b>	<b>67%</b>	<b>1426</b>	<b>811</b>	<b>451</b>	<b>68</b>	<b>72</b>	<b>24</b>	<b>58%</b>	<b>965</b>	<b>506</b>	<b>305</b>	<b>97</b>	<b>39</b>	<b>18</b>	<b>53%</b>

Substantiation Rate equals Substantiated Incidents Divided by the Total Incidents minus Open/Not Indicated Incidents



**Substantiation Rates for 2003 Incidents  
As of 3/9/04**

County	Total Physical Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Misappropriation	Substantiated	Insufficient Evidence	Unfounded	Open	% Substantiated
Adams	0	0	0	0	0	N/A	1	0	0	0	1	N/A	0	0	0	0	0	N/A	0	0	0	0	0	N/A
Allen	29	17	5	7	0	59%	7	3	3	1	0	43%	17	16	0	1	0	94%	28	21	6	1	0	75%
Apple Creek	5	3	0	2	0	60%	0	0	0	0	0	N/A	2	0	0	2	0	0%	3	2	1	0	0	67%
Ashland	8	5	0	3	0	63%	2	0	0	0	2	0%	2	1	1	0	0	50%	3	2	0	0	1	100%
Ashtabula	5	1	0	4	0	20%	6	1	3	1	1	20%	12	7	3	2	0	58%	6	4	1	1	0	67%
Athens	15	6	8	1	0	40%	2	0	2	0	0	0%	7	2	3	2	0	29%	6	4	2	0	0	67%
Auglaize	4	1	1	2	0	25%	0	0	0	0	0	N/A	9	6	2	1	0	67%	9	4	4	1	0	44%
Belmont	11	1	6	4	0	9%	2	0	1	1	0	0%	3	1	2	0	0	33%	4	3	1	0	0	75%
Brown	3	1	1	1	0	33%	1	0	0	1	0	0%	1	0	0	1	0	0%	0	0	0	0	0	N/A
Butler	27	9	14	4	0	33%	9	1	2	5	1	13%	25	17	3	3	2	74%	8	3	1	3	1	43%
Cambridge Dev. Ctr.	5	0	1	4	0	0%	1	0	0	1	0	0%	1	1	0	0	0	100%	0	0	0	0	0	N/A
Carroll	5	0	5	0	0	0%	1	0	1	0	0	0%	2	2	0	0	0	100%	3	3	0	0	0	100%
Champaign	1	0	1	0	0	0%	3	0	2	1	0	0%	6	5	1	0	0	83%	0	0	0	0	0	N/A
Clark	24	7	8	9	0	29%	9	4	3	2	0	44%	16	11	2	3	0	69%	34	21	8	4	1	64%
Clermont	3	1	0	2	0	33%	1	0	1	0	0	0%	1	0	0	1	0	0%	11	6	2	3	0	55%
Clinton	1	0	1	0	0	0%	0	0	0	0	0	N/A	1	1	0	0	0	100%	1	0	1	0	0	0%
Columbiana	12	4	2	6	0	33%	9	1	1	7	0	11%	9	9	0	0	0	100%	1	1	0	0	0	100%
Columbus Dev. Ctr.	12	4	5	3	0	33%	0	0	0	0	0	N/A	2	2	0	0	0	100%	1	1	0	0	0	100%
Coshocton	15	5	3	7	0	33%	9	0	5	4	0	0%	13	6	6	1	0	46%	14	8	5	1	0	57%
Crawford	20	6	8	6	0	30%	10	2	3	5	0	20%	5	1	2	2	0	20%	11	6	3	2	0	55%
Cuyahoga	182	34	65	34	49	26%	70	14	28	13	15	25%	111	50	31	8	22	56%	101	47	23	8	23	60%
Darke	7	1	3	2	1	17%	7	2	2	3	0	29%	4	2	2	0	0	50%	6	4	0	1	1	80%
Defiance	3	1	1	1	0	33%	0	0	0	0	0	N/A	1	0	0	1	0	0%	2	2	0	0	0	100%
Delaware	5	3	1	1	0	60%	3	1	0	2	0	33%	4	3	0	1	0	75%	5	3	2	0	0	60%
Erie	4	2	0	2	0	50%	0	0	0	0	0	N/A	7	6	1	0	0	86%	6	4	1	1	0	67%
Fairfield	13	5	7	0	1	42%	10	2	5	2	1	22%	13	6	5	1	1	50%	10	8	1	1	0	80%
Fayette	0	0	0	0	0	N/A	0	0	0	0	0	N/A	4	1	1	2	0	25%	5	4	0	1	0	80%
Franklin	224	51	75	95	3	23%	87	18	26	40	3	21%	158	47	50	56	5	31%	177	53	71	46	7	31%
Fulton	2	0	1	1	0	0%	2	2	0	0	0	100%	2	0	2	0	0	0%	5	1	4	0	0	20%
Gallia	3	0	1	2	0	0%	3	0	2	1	0	0%	3	3	0	0	0	100%	0	0	0	0	0	N/A
Gallipolis Dev. Ctr.	12	11	1	0	0	92%	0	0	0	0	0	N/A	2	2	0	0	0	100%	4	2	2	0	0	50%
Geauga	9	2	6	1	0	22%	11	8	3	0	0	73%	22	14	3	3	2	70%	1	0	0	1	0	0%
Greene	7	3	1	3	0	43%	4	1	1	2	0	25%	4	4	0	0	0	100%	7	4	2	1	0	57%
Guemsey	5	2	2	1	0	40%	6	1	3	2	0	17%	7	4	2	1	0	57%	0	0	0	0	0	N/A
Hamilton	97	35	37	25	0	36%	38	9	20	8	1	24%	93	65	19	8	1	71%	58	43	8	5	2	77%
Hancock	21	11	8	2	0	52%	2	0	1	1	0	0%	10	7	1	2	0	70%	1	0	1	0	0	0%
Hardin	2	0	2	0	0	0%	1	0	1	0	0	0%	1	0	0	0	1	N/A	1	1	0	0	0	100%
Harrison	2	0	1	1	0	0%	1	0	1	0	0	0%	0	0	0	0	0	N/A	3	1	1	1	0	33%
Henry	4	2	1	1	0	50%	1	1	0	0	0	100%	1	1	0	0	0	100%	2	1	1	0	0	50%
Highland	2	2	0	0	0	100%	0	0	0	0	0	N/A	5	4	0	1	0	80%	2	1	0	0	1	100%
Hocking	1	0	1	0	0	0%	4	0	2	2	0	0%	0	0	0	0	0	N/A	1	1	0	0	0	100%
Holmes	1	1	0	0	0	100%	0	0	0	0	0	N/A	8	5	1	2	0	63%	2	0	1	1	0	0%

Substantiation Rate equals Substantiated Incidents Divided by the Total Incidents minus Open Incidents

Compiled 3/9/04



**Substantiation Rates for 2003 Incidents  
As of 3/9/04**

County	Total Physical Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Misappropriation	Substantiated	Insufficient Evidence	Unfounded	Open	% Substantiated
Huron	11	2	4	4	1	20%	11	1	3	6	1	10%	7	5	0	0	2	100%	5	2	3	0	0	40%
Jackson	9	1	3	5	0	11%	5	0	1	3	1	0%	6	4	1	1	0	67%	2	1	1	0	0	50%
Jefferson	1	0	0	1	0	0%	4	0	3	1	0	0%	8	4	3	0	1	57%	12	7	6	0	0	58%
Knox	5	2	3	0	0	40%	5	1	3	1	0	20%	2	1	0	0	1	100%	3	0	2	0	1	0%
Lake	21	7	10	4	0	33%	12	4	7	1	0	33%	10	4	4	2	0	40%	8	7	1	0	0	88%
Lawrence	14	4	1	4	5	44%	8	1	3	3	1	14%	9	4	0	3	2	57%	4	4	0	0	0	100%
Licking	40	4	22	10	4	11%	20	1	13	5	1	5%	37	15	7	4	11	58%	14	4	7	3	0	29%
Logan	18	9	3	4	2	56%	2	0	1	0	1	0%	7	2	3	2	0	29%	14	3	7	4	0	21%
Lorain	16	7	3	2	4	56%	14	11	2	1	0	79%	11	3	1	4	3	38%	12	5	5	0	2	50%
Lucas	125	29	47	43	6	24%	31	14	7	8	2	48%	92	50	28	11	3	56%	74	46	19	5	4	66%
Madison	10	3	4	3	0	30%	1	0	1	0	0	0%	4	3	1	0	0	75%	7	0	7	0	0	0%
Mahoning	23	5	11	7	0	22%	4	2	2	0	0	50%	15	11	4	0	0	73%	4	3	0	0	1	100%
Marion	20	8	7	5	0	40%	10	8	1	1	0	80%	19	14	1	4	0	74%	6	4	1	1	0	67%
Medina	17	6	9	2	0	35%	9	4	3	2	0	44%	9	4	4	0	1	50%	10	4	1	5	0	40%
Meigs	0	0	0	0	0	N/A	0	0	0	0	0	N/A	0	0	0	0	0	N/A	0	0	0	0	0	N/A
Mercer	9	6	1	2	0	67%	0	0	0	0	0	N/A	2	2	0	0	0	100%	2	1	0	1	0	50%
Miami	3	1	1	1	0	33%	3	0	1	2	0	0%	1	1	0	0	0	100%	8	4	2	2	0	50%
Monroe	0	0	0	0	0	N/A	1	0	1	0	0	0%	2	1	0	1	0	50%	2	2	0	0	0	100%
Montgomery	42	14	13	15	0	33%	17	2	4	11	0	12%	34	19	8	7	0	56%	35	18	6	11	0	51%
Montgomery DC	5	1	3	1	0	20%	1	0	0	1	0	0%	1	0	0	1	0	0%	1	1	0	0	0	100%
Morgan	1	0	1	0	0	0%	0	0	0	0	0	N/A	3	0	3	0	0	0%	5	2	2	1	0	40%
Morrow	5	2	3	0	0	40%	5	2	1	2	0	40%	2	0	2	0	0	0%	1	1	0	0	0	100%
Mt. Vernon DC	5	2	0	3	0	40%	1	0	0	1	0	0%	6	5	1	0	0	83%	2	1	0	1	0	50%
Muskingum	13	6	5	2	0	46%	8	2	3	2	1	29%	10	5	2	1	2	63%	13	6	3	4	0	46%
Noble	4	1	3	0	0	25%	0	0	0	0	0	N/A	1	0	1	0	0	0%	1	0	1	0	0	0%
Northwest DC	5	4	0	1	0	80%	0	0	0	0	0	N/A	1	1	0	0	0	100%	1	0	0	1	0	0%
Ottawa	2	1	0	0	1	100%	1	0	0	0	1	N/A	5	2	1	0	2	67%	5	3	0	1	1	75%
Paulding	1	0	0	1	0	0%	2	0	2	0	0	0%	4	1	1	2	0	25%	0	0	0	0	0	N/A
Perry	11	0	10	1	0	0%	1	0	1	0	0	0%	14	8	2	3	1	62%	7	3	4	0	0	43%
Pickaway	8	2	2	3	1	29%	5	2	3	0	0	40%	6	3	1	1	1	60%	2	2	0	0	0	100%
Pike	6	2	2	1	1	40%	2	0	2	0	0	0%	3	1	0	1	1	50%	0	0	0	0	0	N/A
Portage	31	13	14	4	0	42%	7	2	2	3	0	29%	13	3	6	4	0	23%	6	3	3	0	0	50%
Preble	3	2	0	1	0	67%	2	2	0	0	0	100%	4	2	0	2	0	50%	2	2	0	0	0	100%
Putnam	2	0	2	0	0	0%	2	1	1	0	0	50%	5	5	0	0	0	100%	4	4	0	0	0	100%
Richland	32	5	2	8	17	33%	11	3	1	7	0	27%	23	11	7	4	1	50%	17	8	4	3	2	53%
Ross	19	7	7	5	0	37%	2	2	0	0	0	100%	9	4	1	4	0	44%	6	3	3	0	0	50%
Sandusky	16	7	9	0	0	44%	2	1	0	1	0	50%	14	6	4	4	0	43%	14	9	3	2	0	64%
Scioto	15	4	5	6	0	27%	9	1	2	6	0	11%	12	5	4	3	0	42%	17	4	6	7	0	24%
Seneca	5	3	1	1	0	60%	0	0	0	0	0	N/A	4	3	0	1	0	75%	5	3	2	0	0	60%
Shelby	9	0	9	0	0	0%	5	0	4	1	0	0%	8	1	6	1	0	13%	3	1	2	0	0	33%
SODC	1	1	0	0	0	100%	0	0	0	0	0	N/A	4	4	0	0	0	100%	1	1	0	0	0	100%
Springview DC	4	1	2	1	0	25%	0	0	0	0	0	N/A	2	1	1	0	0	50%	0	0	0	0	0	N/A

**Substantiation Rates for 2003 Incidents  
As of 3/9/04**

County	Total Physical Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Sexual Abuse	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Neglect	Substantiated	Insufficient Evidence	Unfounded	Open or Not Specified	% Substantiated	Total Misappropriation	Substantiated	Insufficient Evidence	Unfounded	Open	% Substantiated
Stark	84	30	41	12	1	36%	29	8	17	4	0	28%	64	37	18	9	0	58%	42	17	17	8	0	40%
Summit	41	12	14	14	1	30%	23	6	9	7	1	27%	75	48	16	11	0	64%	20	8	8	2	2	44%
Tiffin Dev. Ctr.	7	1	6	0	0	14%	0	0	0	0	0	N/A	1	1	0	0	0	100%	1	1	0	0	0	100%
Trumbull	37	15	13	9	0	41%	8	1	3	4	0	13%	26	17	2	7	0	65%	43	22	8	9	4	56%
Tuscarawas	5	0	5	0	0	0%	2	0	1	1	0	0%	9	6	3	0	0	67%	4	3	1	0	0	75%
Union	18	1	15	2	0	6%	6	0	6	0	0	0%	12	5	4	2	1	45%	14	4	9	1	0	29%
Van Wert	3	1	2	0	0	33%	2	2	0	0	0	100%	10	7	2	1	0	70%	1	0	0	0	1	0%
Vinton	3	0	1	2	0	0%	2	2	0	0	0	100%	0	0	0	0	0	N/A	7	2	2	2	1	33%
Warren	19	0	1	18	0	0%	5	1	1	3	0	20%	20	8	5	7	0	40%	4	0	0	4	0	0%
Warrensville DC	25	14	6	5	0	56%	1	1	0	0	0	100%	34	11	3	0	20	79%	5	4	0	1	0	80%
Washington	10	5	4	1	0	50%	6	1	2	3	0	17%	12	5	5	1	1	45%	12	8	1	2	1	73%
Wayne	13	6	5	1	1	50%	3	0	1	1	1	0%	4	2	1	0	1	67%	8	4	1	1	2	67%
Williams	4	2	2	0	0	50%	3	0	2	1	0	0%	9	5	4	0	0	56%	5	1	3	1	0	20%
Wood	4	2	1	1	0	50%	4	1	0	2	1	33%	16	16	0	0	0	100%	6	5	1	0	0	83%
Wyandot	3	2	0	1	0	67%	1	1	0	0	0	100%	0	0	0	0	0	N/A	1	0	1	0	0	0%
Youngstown DC	0	0	0	0	0	N/A	0	0	0	0	0	N/A	1	1	0	0	0	100%	2	0	0	2	0	0%
Totals	1674	500	621	454	99	32%	641	162	242	200	37	27%	1316	699	314	214	89	57%	1052	520	305	168	59	52%



## Appendix 3-1

### Methodology and Data Collected

Ideally, LSC staff would use the lowest cost of delivering the same level of services as a benchmark to compare the operating costs per resident for each developmental center. However, it is not possible to determine the actual lowest possible cost of providing a level of services; therefore, a less ideal approach is required to compare the cost effectiveness of the developmental centers. An alternative solution is to look at the variable costs of providing the services and estimate an average cost for the provision of these services at each developmental center while adjusting for factors that may differ across developmental centers. Then, the actual average cost of each developmental center can be subtracted from the estimated average cost, thus estimating a relative cost effectiveness measure.

LSC staff collected data for calendar year (CY) 2002 from the Ohio Department of Mental Retardation and Developmental Disabilities. This time period was selected for three reasons. First, since the Department's announcement of possible closures was made in February of 2003, which was in state fiscal year (FY) 2002, LSC staff wanted to capture the cost effectiveness prior to any indication of closures. Thus, data needed to be collected for a period prior to February 2003. Second, as this analysis is a cost comparison between developmental centers, calendar year data can be used; any differences in costs because of the time factor should be the same across developmental centers.<sup>1</sup> Third, LSC staff believes that the most recent data prior to any closure announcement will provide the most accurate cost effectiveness measure.

LSC staff collected monthly variable costs for each developmental center. The variable costs consist of payroll, maintenance, contracted services, supplies (including food and pharmaceuticals), and utilities. LSC staff collected occupancy rates and average monthly census data for each developmental center. Full time equivalent (FTE) employee data were collected for each pay period in the following categories: administration, support, medical, professional, direct care, and undefined/other. FTE employee data are used as a substitute for services provided. LSC staff also collected data on the ratio of part-time to full-time staff for each pay period. This was to account for the fact that part-time staff offers management more flexibility, which may enable management to reduce overtime costs.

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<sup>1</sup> The only exception to this is budget reductions made at the developmental centers. Budget reductions in FYs 2001 and 2002 were not equal from one developmental center to another. Rather, the Department reviewed each developmental center and reductions were made on the basis of the reviews. The developmental centers where budget reductions were made should have become more cost effective. This may have a minimal impact on the cost effective measure being estimated here; however, any impact would be limited because the study compares effectiveness between developmental centers.

LSC staff gathered other data that they thought might influence the variable costs among the developmental centers. There are four main factors that may account for differing costs among the developmental centers and, thus, the cost effectiveness of providing services: maintenance and upkeep of the facilities, payroll, caseload mix, and quality of care. Therefore, LSC collected data on these four factors for each developmental center.

Building age data were collected from the Department. LSC staff calculated the average age of the buildings at each developmental center as of CY 2002. Only buildings used for maintenance, residency, habilitation, office space, or services (such as food preparation) were included.

LSC staff collected the Medicaid certification citation data to use as a substitute for quality of services provided. Medicaid certification citations are an imperfect measure of quality because the citations do not distinguish between severe or minor problems. A developmental center with many minor problems will appear to have a lower quality of care than a developmental center with one or two severe problems. Further, this data does not delineate between average care and high quality care.

LSC staff also collected data for the residents at each developmental center on ambulatory ability and severity of mental disability. Only fiscal year averages were available, so LSC staff used the average of FY 2001 and FY 2002 for each developmental center. These data were collected to be used as a substitute to account for different caseload mixes at each developmental center. This substitute is not without limitations, however. For example, some residents may have behavioral problems that require more services and therefore higher costs, even though they have a less severe disability.

The following tables contain the data for the cost effectiveness study along with statistical information. This information is provided so that readers can analyze the data for themselves or repeat the regression performed for Question 3.

**Table 1. Data collected and analyzed in the cost effectiveness study**

Developmental Center	Operating Costs per Resident	Full Time Equivalents per Resident					Percent Ambulatory	Percent Non-Ambulatory	Percent Profound Disability	Percent Severe Disability	Percent Profound and Severe Disability	Medicaid Citings	Average Building Age	Full Time to Part Time Ratio
		Direct Care	Administration	Undefined/Other	Support	Professional								
Apple Creek	\$121,343.48	2.8260	0.0789	0.1909	0.8529	0.5066	0.8107	0.1893	0.6324	0.2650	0.8974	27	52.80	3.97
Cambridge	\$112,852.76	2.8297	0.0774	0.1250	0.5475	0.2669	0.8356	0.1644	0.6179	0.1955	0.8134	14	30.13	4.56
Columbus	\$108,635.61	2.8325	0.1559	0.1521	0.9390	0.2292	0.9010	0.0990	0.5414	0.1716	0.7130	20	25.00	1.63
Gallipolis	\$107,213.64	2.4915	0.0893	0.0769	0.8075	0.2412	0.7255	0.2745	0.5070	0.1262	0.6332	49	23.68	9.44
Montgomery	\$106,202.21	2.5792	0.1776	0.0991	0.8597	0.2650	0.8771	0.1229	0.5564	0.1921	0.7485	11	20.50	2.20
Mt. Vernon	\$120,871.57	2.6857	0.0797	0.1711	0.8456	0.5389	0.5508	0.4492	0.7517	0.1512	0.9029	33	41.52	19.76
Northwest	\$112,193.21	2.7379	0.0809	0.1433	0.8894	0.4266	0.8994	0.1006	0.4420	0.2256	0.6676	39	23.57	1.58
Southwest	\$107,825.20	2.4417	0.1398	0.0775	0.8609	0.2335	0.7634	0.2366	0.4017	0.2589	0.6607	16	20.00	1.67
Springview	\$119,943.02	2.7230	0.2232	0.1235	1.0379	0.3506	0.5905	0.4095	0.9356	0.0234	0.9589	6	43.20	4.45
Tiffin	\$115,126.04	2.7188	0.0925	0.3016	0.8489	0.4251	0.8771	0.1229	0.5853	0.2173	0.8027	0	68.43	2.85
Warrensville	\$103,976.08	2.4753	0.0643	0.1519	0.7110	0.2466	0.9013	0.0987	0.4345	0.2797	0.7142	7	24.00	2.27
Youngstown	\$103,854.47	2.3761	0.1281	0.0886	0.9589	0.5944	0.8257	0.1743	0.5808	0.2904	0.8712	4	22.00	0.95



**Table 3. Correlation coefficients for the variables\***

	Operating Costs per Resident	Direct Care FTEs per Resident	% Ambulatory	Professional FTEs per Resident	Admin FTEs per Resident	Average Building Age	Medicaid Citings	% Non Ambulatory	% Profoundly and Severely Disabled	Full Time to Part Time Ratio	Support FTEs per Resident	% Profoundly Disabled	% Severely Disabled	Medical FTEs per Resident	Undefined/Other FTEs per Resident
Operating Costs per Resident	1.0000														
Direct Care FTEs per Resident	0.6883	1.0000													
% Ambulatory	-0.5680	0.0257	1.0000												
Professional FTEs per Resident	0.4365	0.0366	-0.2585	1.0000											
Admin FTEs per Resident	-0.0220	-0.0421	-0.2389	-0.2126	1.0000										
Average Building Age	0.7434	0.4995	-0.2058	0.4311	-0.1382	1.0000									
Medicaid Citings	0.1537	0.1212	-0.2289	-0.0157	-0.3792	-0.2242	1.0000								
% Non Ambulatory	0.5680	-0.0257	-1.0000	0.2585	0.2389	0.2058	0.2289	1.0000							
% Profoundly and Severely Disabled	0.6645	0.3110	-0.5144	0.6399	0.2287	0.5682	-0.3824	0.5144	1.0000						
Full Time to Part Time Ratio	0.4888	0.0950	-0.7565	0.2750	-0.2717	0.2119	0.4908	0.7565	0.2847	1.0000					
Support FTEs per Resident	0.1417	-0.1018	-0.2703	0.3357	0.6594	0.0888	-0.0686	0.2703	0.2481	-0.1106	1.0000				
% Profoundly Disabled	0.7086	0.3959	-0.7068	0.3604	0.4415	0.4977	-0.1865	0.7068	0.8687	0.4192	0.3335	1.0000			
% Severely Disabled	-0.4299	-0.3264	0.6413	0.2131	-0.5331	-0.1569	-0.1835	-0.6413	-0.2621	-0.4095	-0.2949	-0.7057	1.0000		
Medical FTEs per Resident	0.5804	0.1798	-0.6352	0.2380	0.0192	0.3223	0.0870	0.6352	0.4013	0.2933	0.0836	0.5309	-0.4603	1.0000	
Undefined/Other FTEs per Resident	0.5005	0.5165	0.1655	0.3249	-0.3301	0.8661	-0.2497	-0.1655	0.2875	0.0684	-0.0365	0.1623	0.0951	0.0431	1.0000

\*The closer to 1 or -1 the value, the more highly correlated the variables are and the more they both should not be used in the same regression analysis.



## *Analysis and Results*

To determine the cost structure of the developmental center, LSC staff did a regression analysis of the total variable cost of each developmental center compared to the average census and the average census squared. The regression results indicate a linear relationship between costs and number of residents and do not indicate any economies of scale among the developmental centers. Therefore, LSC staff employed a linear average cost function to estimate the average CY 2002 variable cost of a developmental center. LSC staff ran numerous regressions using all the data collected in an attempt to determine the independent variables that minimize the error between the predicted variable costs of the cost function and the actual variable costs of the developmental centers. While analyzing the results of the regression analyses, LSC staff considered the statistical significance of the variables, the cost effectiveness results for the developmental centers (sensitivity analysis), the correlation of the variables, and the adjusted R-squared value (a “goodness of fit” measure).

The most statistically sound cost function consists of the CY 2002 variable costs per resident as the dependent variable. The independent variables are the direct care full-time equivalent (FTE) employees per resident, the percentage of residents that are ambulatory, and the average age of buildings on the campus. The following equation summarizes the cost function:

$$\text{Equation (1) } C(y) = b_1 + b_2x_2 + b_3x_3 + b_4x_4 + e$$

$C(y)$  is the average variable cost per resident of a developmental center for CY 2002,  $b_1$  is the constant term (y intercept),  $b_2$  through  $b_4$  are the coefficient estimates for their respective independent variable,  $x_2$  is the average direct care FTE employees per resident,  $x_3$  is the percent of residents that are ambulatory, and  $x_4$  is the average age of the buildings on the developmental center’s campus as of 2002, and  $\epsilon$  is the error term.

LSC staff anticipates that the coefficient estimates for direct care FTE employees and building age will be positively correlated with variable costs. As direct care FTE employees per resident increase, variable costs per resident should also increase. Similarly, as the average age of buildings increase, LSC staff expects maintenance costs, and thus variable costs per resident, to increase. The coefficient for percentage of residents who are ambulatory is expected to be negative. This is based on the idea that percentage of ambulatory residents is an indicator of caseload mix and the amount of services required. It is assumed that those residents who are ambulatory require fewer services, and therefore cost less, than those who are not ambulatory. Thus, LSC staff anticipates that as the percentage of ambulatory residents increases, the variable costs per resident will go down. The cost function described in Equation (1) is the result of LSC staff analysis of the data collected as described in Section 3.

LSC staff estimated Equation (1) using ordinary least squares (OLS) and obtained the following statistical results:

$$C(y) = 75055 + 19973 \text{ direct care FTEs} - 26980 \% \text{ ambulatory} + 162 \text{ building age} + \text{error}$$

(6.50)                      (4.40)                      (-4.91)                      (3.28)

All of the variables are significant at the one percent level, as indicated by the high t-statistic values found in parenthesis below the coefficient estimates. This indicates that there is less than a one percent chance that the actual true coefficient estimate is zero and the variable has no impact on variable costs. The adjusted R-squared value is 0.89, indicating that this cost function has captured 89 percent of the variation in variable costs per resident among the developmental centers. All of the coefficients have the expected sign and there is no evidence of heteroskedasticity (increased variance in the error term).

The direct care FTEs per resident, percent of residents that are ambulatory, and average building age could capture most of the variable cost per client variance for several reasons. First, payroll expenses are the largest variable cost for the developmental centers, and direct care FTEs have the largest share of the payroll costs. Therefore, any change in direct care FTEs would have a large impact on payroll and the variable costs of the developmental centers. Second, the age of the buildings probably impacts maintenance expenses, a part of variable costs. Third, the caseload mix, or the mixture of people with different medical, behavioral, and other disabilities, also most likely impacts variable costs. Although percentage of ambulatory clients is not a perfect measure of caseload mix, it is highly correlated with disability level, suggesting it was also capturing this measure of caseload mix (see Table 3 above). Therefore, these three variables reflect payroll costs, maintenance costs, and caseload mix, which are conceptually three of the four significant parts of variable costs at a developmental center. Medicaid citations, the measure used for quality of care, do not appear to have a significant impact on variable costs. This suggests that either a disjoint between variable costs and quality of care exists, or that Medicaid citations are not a good measure for quality of care for reasons described earlier.

## Appendix 3-2

LSC staff used the OhioLINK's Electronic Journal Center as its primary search site. The OhioLINK Electronic Journal Center contains over 5,250 journals from 38 different publishers. LSC staff performed numerous Boolean searches that included combinations of the following terms: *mental retardation*, *cost\**, *developmental disabilities*, *community*, *residential*, *expenditure\**, and *institution\**.<sup>2</sup> LSC staff also contacted researchers at The University of Minnesota who study MR/DD issues about seminal papers on topics found in this study.

The OhioLINK searches resulted in a limited number of relevant papers; however, it should be noted that a few journals that may contain relevant papers, such as the American Journal on Mental Retardation and Mental Retardation, are not part of OhioLINK's archive. The researchers at the University of Minnesota were able to provide several papers that investigated the cost differences between a developmental center and a community setting, thus helping to reduce any loss of information caused by the incompleteness of OhioLINK's database related to MR/DD specific journals.

The literature search resulted in a number of articles for consideration; however, LSC staff only reviewed six articles in detail for this section. This was done because of the time it would require to critically review all of the articles. Also, one of the articles was a literature review about cost comparisons between community and developmental center settings, thus reducing the volume of papers LSC staff needed to review.

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<sup>2</sup> The asterisks means that the search engine would look for any form of the word. For example, *cost\** would result in a hit if any of the following words were found: *costs*, *costing*, and *cost-benefit*.

## Appendix 4-1

### Choice Preferences for Residents of Springview Developmental Center

	FIRST CHOICE	Second Choice	Third Choice
<b>Waiver</b>			
Clark County	16	1	
Miami County		1	
Champaign County	1		
Knox County	1		
Ashland/Richland counties	1		
Greene County	1		
Jefferson/Carroll counties	1		
Darke County		1	
Shelby County		1	
Clermont County		1	
Montgomery County		1	1
Unidentified			1
<b>Total Waivers</b>	<b>21</b>	<b>7</b>	<b>2</b>
<b>Developmental Centers</b>			
Cambridge		1	
Columbus	1	6	3
Gallipolis	1	1	
Montgomery	23	7	8
Mt. Vernon	2	4	
Northwest	1		
Southwest	2	9	2
Tiffin		2	
Warrensville			
Youngstown		2	
Unidentified		1	
<b>Total Developmental Centers</b>	<b>30</b>	<b>33</b>	<b>15</b>
<b>ICFs/MR</b>			
Mueller	3	6	2
Doty House	1		
Franklin County	1		
Wellington	2		3
Cuyahoga County	1		1
Stillwater		4	2
Jefferson County ICF			1
Brookside		1	
Camelot Lake			1
Green Hills (retir.)		1	
Knox County ICF/MR			1
<b>Total ICFs/MR</b>	<b>8</b>	<b>14</b>	<b>12</b>
Out of State	1		
<b>Total Forms</b>	<b>60</b>		

**Apple Creek Developmental Center Guardian Placement Preferences**

Developmental Center Options	Family			APSI			Self			Total		
	1st choice	2nd Choice	3rd Choice	1st choice	2nd Choice	3rd Choice	1st choice	2nd Choice	3rd Choice	1st choice	2nd Choice	3rd Choice
	<b>Cambridge</b>	5	11	5	1	0	2	0	0	0	6	11
<b>Columbus</b>	1	0	3	0	0	0	0	0	0	1	0	3
<b>Gallipolis</b>	0	0	0	0	1	0	0	0	0	0	1	0
<b>Montgomery</b>	0	1	0	0	0	0	0	0	0	0	1	0
<b>Mount Vernon</b>	5	8	11	4	4	5	0	0	0	9	12	16
<b>Northwest</b>	1	2	1	1	1	0	0	0	0	2	3	1
<b>Southwest</b>	1	0	0	0	0	0	0	0	0	1	0	0
<b>Tiffin</b>	0	3	1	1	0	4	0	0	0	1	3	5
<b>Warrensville</b>	3	6	1	0	0	0	0	0	0	3	6	1
<b>Youngstown</b>	29	13	12	4	5	7	0	0	2	33	18	21
<b>DC Total</b>	<b>45</b>	<b>44</b>	<b>34</b>	<b>11</b>	<b>11</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>56</b>	<b>55</b>	<b>54</b>
<b>Any County</b>												
Waiver	1	1	0	2	0	0	0	0	0	3	1	0
ICF/MR	0	0	0	0	1	1	0	0	0	0	1	1
<b>Surrounding County</b>												
Waiver	0	0	1	0	12	0	0	0	0	0	12	1
ICF/MR	0	0	0	0	15	7	0	0	0	0	15	7
<b>Ashland</b>												
Waiver	0	0	0	0	0	0	0	0	0	0	0	0
ICF/MR	0	0	0	1	0	0	0	0	0	1	0	0
<b>Butler</b>												
Waiver	0	0	0	1	0	0	0	0	0	1	0	0
ICF/MR	0	0	0	0	1	0	0	0	0	0	1	0
<b>Carroll</b>												
Waiver	0	0	0	0	0	0	0	0	0	0	0	0
ICF/MR	0	1	0	0	0	0	0	0	0	0	1	0
<b>Cuyahoga</b>												
Waiver	1	1	0	18	0	3	0	0	0	19	1	3
ICF/MR	0	0	0	2	3	13	0	0	0	2	3	13
<b>Franklin</b>												
Waiver	0	0	0	0	0	0	0	0	0	0	0	0
ICF/MR	0	0	0	1	0	0	0	0	0	1	0	0
<b>Geauga</b>												
Waiver	0	0	0	1	0	0	0	0	0	1	0	0
ICF/MR	0	0	0	0	2	0	0	0	0	0	2	0
<b>Hamilton</b>												
Waiver	0	0	0	1	0	0	0	0	0	1	0	0
ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0
<b>Holmes</b>												
Waiver	0	0	0	1	1	0	0	0	0	1	1	0
ICF/MR	0	0	0	1	0	0	0	0	0	1	0	0
<b>Lorain</b>												
Waiver	0	0	0	2	0	0	0	0	0	2	0	0
ICF/MR	0	0	0	0	2	0	0	0	0	0	2	0
<b>Montgomery</b>												
Waiver	0	0	0	0	2	0	0	0	0	0	2	0
ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0
<b>Portage</b>												
Waiver	0	0	0	1	0	0	0	0	0	1	0	0
ICF/MR	0	1	1	0	1	0	0	0	0	0	2	1
<b>Richland</b>												
Waiver	0	1	0	0	0	0	0	0	0	0	1	0
ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0
<b>Stark County</b>												
Waiver	5	0	0	6	2	0	2	1	0	13	3	0
ICF/MR	0	3	0	4	7	2	0	1	0	4	11	2
<b>Summit</b>												
Waiver	3	0	2	8	3	0	0	0	0	11	3	2
ICF/MR	1	3	1	7	3	8	0	0	0	8	6	9
<b>Tuscarawas</b>												
Waiver	1	0	0	0	0	0	0	0	0	1	0	0
ICF/MR	0	1	0	0	0	0	0	0	0	0	1	0
<b>Warren</b>												
Waiver	0	0	0	0	0	0	0	0	0	0	0	0
ICF/MR	0	0	0	0	0	1	0	0	0	0	0	1
<b>Wayne</b>												
Waiver	1	1	0	0	0	0	0	0	0	1	1	0
ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0
<b>Community Options Total</b>	<b>13</b>	<b>13</b>	<b>5</b>	<b>57</b>	<b>55</b>	<b>35</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>72</b>	<b>70</b>	<b>40</b>

# Appendix 6-1

Note: Chart obtained through the Office of Collective Bargaining within the Department of Administrative Services on March 2, 2004. According to this office, this chart has not been updated with the information from the current contracts.

<u>UNION</u>	AUTHORITY TO LAY OFF EMPLOYEES	NOTICE OF CLOSURE, SUB-CONTRACTING, SUCCESSOR OR TECHNOLOGICAL CHANGE	EARLY RETIREMENT INCENTIVE (ERI)?	DETERMINE RATIONALE	SUBMIT TO DAS	VERIFICATION OF SENIORITY/RETENTION "POINTS"		NOTICES TO UNION OF ACTUAL LAYOFF	NOTICE TO ALL POTENTIALLY AFFECTED EMPLOYEES	BUMPING	NOTICES TO DAS		APPEAL	RECALL (to same Agency) and REEMPLOYMENT (to different Agency)
<b>Exempt</b>	OAC 123:1-41-01 through 123:1-41-22 ORC 124.321 through 124.327	None	An ERI is <b>mandatory</b> if agency will - close an institution layoff 50 employees or layoff 10% of an employment unit ORC 145.298	Layoff for Lack of funds - requires OBM certification Layoff for temporary lack of work Abolishment - permanent lack of work - reorganization for economy or efficiency OAC 123:1-41-02	Rationale submitted to the Human Resources Division. OAC 123:1-41-02	Retention "Points" determined by Agency. OAC 123:1-41-02		None	Employees are notified: - 17 days before layoff if by certified mail - 14 days before layoff if hand delivered. <b>Displacement selection forms are sent with the notice.</b> OAC 123:1-41-10	Employees may bump the <b>least</b> senior employee within 5 days of receipt of notice. OAC 123:1-41-12	Personnel Actions for affected employees and Recall and Reemployment lists must be forwarded to DAS 7 days prior to the layoff. OAC 123:1-41-08	<b>LAYOFF</b>	Employee may appeal the layoff to the State Personnel Board of Review within 10 days of receipt of notice. ORC 124.328 OAC 123:1-41-11 Standard of proof: preponderance of the evidence. OAC 124-7-01	For 12 months Reinstatement - OAC 123:1-41-16 Reemployment - OAC 123:1-41-17 Removal from list: OAC 123:1-41-19
	<b>OCSEA</b>	Article 18 OAC 123:1-41-01 through 123:1-41-22 ORC 124.321 through 124.327	Successor - 30 days (§44.04) Technological Change - 60 days (Art. 38) Close institution - 90 days (§44.04) Sub-Contracting - 120 days (Art. 39)	An ERI is <b>mandatory</b> if agency will - close an institution layoff 50 employees or layoff 10% of an employment unit ORC 145.298 (Youngstown case SERB 95-010 - Whether to offer an ERI is a mandatory subject of bargaining.)	Layoff for Lack of funds - requires OBM certification Layoff for temporary lack of work Abolishment - permanent lack of work - reorganization for economy or efficiency OAC 123:1-41-02	Rationale submitted to the Office of Collective Bargaining. OAC 123:1-41-02	Seniority Credits determined by Agency. OAC 123:1-41-02 §18.02 Seniority credits defined - §16.01		Union notified of layoff when the Agency submits its rationale to DAS. Union may request a discussion of the layoff. §18.03 Early in the process, Management should be advising Union, once decision to layoff is made.	Employees are notified: - 17 days before layoff if by certified mail - 14 days before layoff if hand delivered. Information about the paper layoff is also sent with the notice. §§18.03 - 18.07 OAC 123:1-41-10	Employees may bump <b>any less senior</b> employee within 5 days after receipt of notice. A paper layoff process is implemented under §18.03 §§18.03 - 18.07		Personnel Actions for affected employees and Recall and Reemployment lists must be forwarded to DAS 7 days prior to the layoff. OAC 123:1-41-08	Employees may file a grievance at Step 3 of the grievance procedure within 14 days after receipt of notice. §25.02 Standard of proof: preponderance of the evidence. OCA 124-7-01
<b>SEIU/1199</b>		Article 29	Sub-Contracting - no time requirement (§§ 41.01, 41.05) Close institution - timing outlined in Article 29 - Layoff (§41.02)	An ERI is <b>mandatory</b> if agency will - close an institution layoff 50 employees or layoff 10% of an employment unit ORC 145.298 (Youngstown case SERB 95-010 - Whether to offer an ERI is a mandatory subject of bargaining.)	Layoff for Lack of Funds - requires OBM certification Layoff for temporary lack of work - permanent lack of work - reorganization for economy or efficiency §29.01	Rationale submitted to the Office of Collective Bargaining.	Seniority Credits determined by Agency. §29.02 Seniority credits defined - §28.01		45 days prior to layoff if for lack of funds. 90 days prior to layoff if for any other reason. A meeting must be scheduled with the Union to discuss the layoff. §29.01 Early in the process, Management should be advising Union, once decision to layoff is made.	<b>45 days</b> prior to layoff if for lack of funds. <b>90 days</b> prior to layoff if for any other reason.	Employees may bump <b>any less senior</b> employee within 5 days after receipt of notice. Bumped employees have 5 days to exercise their rights. If bumping is not completed within 60 days (any reason for layoff) or 30 days (lack of funds) before the layoff, a paper layoff process is implemented. §29.02(C)	Personnel Actions for affected employees and Recall and Reemployment lists must be forwarded to DAS 7 days prior to the layoff.	Employees may file a grievance at Step 3 of the grievance procedure within 15 days after the final notice of layoff. §29.04 Employee may not grieve the Employer's rationale.	For 24 months Recall - §29.03

UNION	AUTHORITY TO LAY OFF EMPLOYEES	NOTICE OF CLOSURE, SUB-CONTRACTING, SUCCESSOR OR TECHNOLOGICAL CHANGE	EARLY RETIREMENT INCENTIVE (ERI)?	DETERMINE RATIONAL E	SUBMIT TO DAS	VERIFICATIO N OF SENIORITY/ RETENTION "POINTS"		NOTICES TO UNION OF ACTUAL LAYOFF	NOTICE TO ALL POTENTIALLY AFFECTED EMPLOYEES	BUMPING	NOTICES TO DAS		APPEAL	RECALL (to same Agency) and REEMPLOYMENT (to different Agency)
<b>OEA</b>	Article 18	Sub Contracting – 45 days (§§ 36.01, 36.03) Close institution – 45 days (§36.02)	An ERI is <b>mandatory</b> if agency will - close an institution - layoff 50 employees or layoff 10% of an employment unit ORC 145.298 <u>Youngstown</u> case SERB 95-010 – Whether to offer an ERI is a mandatory subject of bargaining.	Layoff for Lack of funds – requires OBM certification Layoff for temporary lack of work Abolishment - permanent lack of work reorganization for economy or efficiency §18.01(A)	Rationale submitted to the Office of Collective Bargaining. OAC 123:1-41-02	Seniority lists compiled by Agency. §20.03 Seniority defined – §18.05		At least 45 days before the anticipated reduction in force. A meeting must be scheduled. The Union may provide input within 10 days after the meeting. The Agency must notify the Union of its final decision 5 days after the Union provides input, or no later than 30 days before the layoff. §18.01 Early in the process, Management should be advising Union, once decision to layoff is made.	Employees are notified: - 17 days before layoff if by certified mail - 14 days before layoff if hand delivered. Notice of displacement rights are sent with the notice. §18.04 <u>Posting</u> – 14 days prior to the effective date of the reduction in force, the Agency must post the names of the affected employees. §18.04(C)	Employees may bump the <b>least</b> senior employee within 5 days after receipt of notice. §18.05	Personnel Actions for affected employees and Recall and Reemployment lists must be forwarded to DAS 7 days prior to the layoff. OAC 123:1-41-08	<b>LAYOFF</b>	Employees may file a grievance at Steps 3 and 4 of the grievance procedure within 10 days after receipt of notification of layoff. §18.13 §5.09 Standard of proof: preponderance of the evidence. §18.01(C)	For 24 months Recall - §18.12 Reemployment - §18.16 Removal from list: §18.12(C)
	<b>FOP2</b>	Article 35 OAC 123:1-41-01 through 123:1-41-22 ORC 124.321 through 124.327	None	An ERI is <b>mandatory</b> if agency will - close an institution - layoff 50 employees or layoff 10% of an employment unit ORC 145.298 <u>(Youngstown)</u> case SERB 95-010 – Whether to offer an ERI is a mandatory subject of bargaining.)	Layoff for Lack of funds – requires OBM certification Layoff for temporary lack of work Abolishment - permanent lack of work reorganization for economy or efficiency OAC 123:1-41-02	Rationale submitted to the Office of Collective Bargaining. OAC 123:1-41-02	Seniority Credits determined by Agency. OAC 123:1-41-02 Seniority credits defined – §34.03		None Early in the process, Management should be advising Union, once decision to layoff is made.	Employees are notified: - 17 days before layoff if by certified mail - 14 days before layoff if hand delivered. Notice of displacement options are included with the notice. OAC 123:1-41-10	Employees may bump the <b>least</b> senior employee within 5 days after receipt of notice. §35.03 OAC 123:1-41-12		Personnel Actions for affected employees and Recall and Reemployment lists must be forwarded to DAS 7 days prior to the layoff. OAC 123:1-41-08	Employees may file a grievance at Step 2 of the grievance procedure within 20 days after receipt of notice of layoff. §35.05 §20.07 Standard of proof: preponderance of the evidence. OAC 124-7-01



## Appendix 6-2

### ODMR/DD Exempt Employee Survey

For employees who desire to stay in state service, please complete the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Classification: \_\_\_\_\_

Are you interested in working at another Developmental Center?

- Yes  
 No

If so, which Developmental Centers?

Are you interested in employment in other classifications for which you may be qualified?

- Yes  
 No

If so, which classifications?

Are you interested in working full-time or part-time in these classifications for which you may be qualified?

- Full-time  
 Part-time

Do you have additional questions that need to be answered by your Human Resources Director?

- Yes  
 No

Additional information on classification specifications and State of Ohio vacancies can be obtained at:

<http://www.ohio.gov/das/dhr/classindex.html>  
<http://www4.state.oh.us/jobs/applicant/index.asp>

The completion of this form is strictly voluntary and not binding and should not be construed as an offer of employment.

**ODMR/DD Bargaining Unit Employee Survey**

**For employees who desire to stay in state service, please complete the following information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Classification: \_\_\_\_\_

Are you interested in working at another Developmental Center?

- Yes  
 No

If so, which Developmental Centers?

Are you interested in employment in other classifications for which you may be qualified?

- Yes  
 No

If so, which classifications?

Are you interested in working full-time or part-time in these classifications for which you may be qualified?

- Full-time  
 Part-time

Do you have additional questions that need to be answered by your Human Resources Director?

- Yes  
 No

**Additional information on classification specifications and State of Ohio vacancies can be obtained at:**

<http://www.ohio.gov/das/dhr/classindex.html>  
<http://www4.state.oh.us/jobs/applicant/index.asp>

The completion of this form is strictly voluntary and not binding and should not be construed as an offer of employment.

### Appendix 6-3

<b>EXEMPT - SPRINGVIEW</b>								
<b>Current Position</b>	<b>Seniority</b>	<b>Retire?</b>	<b>Stay in state service?</b>	<b>Developmental Center / locale</b>	<b>Relocate?</b>	<b>Qualifications</b>	<b>Comments</b>	<b>Job Postings Info Sent</b>
MHA 5	10/12/76	Yes					10/12/06 30 years	
AA 3 PS	6/2/86		Yes, any	CDC, MDC, C/O	No		9 mos short of retire	
AA 3 DH	8/2/88		Yes, any	MDC, CDC, C/O	No	AA, EEO, HR		
MHA3/5	12/23/85		Yes	MDC, CDC, C/O	No	Any similar		
RN Mgr	12/3/01		Yes		No	RN, QS	Resigned 3/5/04	
HRA	7/6/93		Yes	CDC, MDC, C/O	No	Would consider		
HRS 2	5/27/80		Yes	CDC, C/O	No	Personnel, HRS		
ExSec ksi	1/13/92		Yes, any		No	AA series, assoc in bus, court sten		
ExSec gpm	5/21/90		Yes	CDC, MDC, C/O	No			
Lndry Mgr	12/18/89		Yes	Any	Could		No laundry svcs	
AA 2 DR	11/12/75	Yes						
QMRP CQ	2/27/95		Yes	MDC, C/O	No	MHA, tech asst		
QMRP KM	1/16/99		Yes, MR, JFS, MH, Co	CDC, MDC, C/O	No	Q, MHA, Rehab Spec, MUI, QS	To transfer to MDC in 04	
QMRP MG	8/10/03						Trans MDC 12/1/03	
<b>QMRP CA</b>	11/5/01							
RCS MW	1/23/89		Yes, any	MDC, CDC	No	Personnel?		
RCS HH	9/2/80						Trans MDC 10/31/03	
RCS EP	6/1/92		Yes, any	MDC, CDC, SODC	No	RCS, AT		
RCS DK	9/26/88		Yes	MDC, SODC,	No		Transferred 3/7/04	
RCS DR	5/21/79		Yes, or co.	CDC, MDC	No			
RCS AH	12/2/96		Yes	CDC, MDC, C/O	No	Acct'g degree, RCS		
RCS BH	10/4/82		Yes	MDC, CDC, c/o	No	RCS, teacher aide	21 years	
AT Sup	9/6/82		Yes, any	MDC, DCC, C/O	No	Mgmt analyst,		

### EXEMPT - SPRINGVIEW

Current Position	Seniority	Retire?	Stay in state service?	Developmental Center / locale	Relocate?	Qualifications	Comments	Job Postings Info Sent
			agency			program, AA		
Maint Supt	4/2/79	Could	Yes		No			
Med Dir	5/7/01		Yes	CDC, MDC	No			
AA 2 GC	5/7/79		Yes	C/O	No	AA series	Work MDC as office; 4 mos short buyout	
Fis Off	8/7/78	Yes					Not sure if staying for buyout	
MHA 5	8/13/79	Ret 10/1/03						

### 1199 - SPRINGVIEW

Current Position	Seniority	Retire?	Stay in state service?	Developmental Center / locale	Relocate?	Qualifications	Comments	Job Postings Info Sent
Soc Wkr DL	4/23/90		Yes	CDC, MDC, C/O	No	Assoc. Soc Wkr, License		
Soc Wkr LP	9/13/99		Yes, any agency	CDC, MDC, C/O	No	BA soc work Mgmt		
Voc Hab HG	8/21/83							
VocHab IS	6/25/84		Yes	MDC	No	consider others		
VocHab NL	1/19/88						Refused survey	
RN MM	11/24/89		Yes	MDC	No	RN		
RN NL	8/26/85							
RN AG	12/19/77							
RN SF			Yes 10/31/03					
RN DA	1/4/88		Yes	CDC, MDC	No	RN		
RN JB	8/4/85	Yes						
RN SW	9/15/03		Yes, any agency	MDC	No	RN	Probationary bid?	
RN BS	1/24/88						Transfer Corr 11/12/03	

## EXEMPT – APPLE CREEK

Current Position	Years of Service	Retire?	Stay in state service?	Developmental Center / locale	Relocate?	Qualifications	Comments	Job Postings Info Sent
RCS WA	25-238		Yes	WDC, YDC	No		Consider TPW	
RCS DB	27-182		Yes	YDC	No			
RCS EB	25-219		Yes	WDC, CDC	Possibly	EEO or RCS		
RCS NB	26-364		Yes	YDC, CaDC	No	Same or Similar		
Pers Off 2	26-117		Yes	MV, WDC, Ca	No	HR and AA series		
Bus Ad 3	13-336		Yes	MVDC, Any	Yes		Most likely will retire.	
QMRP JF	2-112		Yes	YDC, WDC	No	Same or Similar.		
QMRP DG	27-056		Yes	MVDC	No	Same or Similar.		
AA2 JG	27-363		Yes	MVDC	No.	HR, Investigator, Operations.		
QMRP DG	10-070		Yes	TDC, NO, YDC			Transfer to ORC	
RCS SG	26-125		Yes	CaDC, MV	No	Same, similar, HR, CSO		
RCS AH	25-266		Yes	CaDC, MV, YD	No	Same or similar.		
RN Mgr	11-088		No					
QMRP EH	16-098		Yes	YDC, WDC	Possibly	Same or similar.		
Psy Sup	26-053		Yes	MV, Col, WDC	No	Psych.		
AA2 NK	14-168		Yes	MVDC, CDC	Yes	AA series		
HRA 1	13-111		Yes				Already left	
MHA 3	17-003		Yes	MVDC, NO, W	Yes	Similar, Operations		
QMRP MM	15-039		Yes	YDC, CaDC	N/A		5 day suspension/possible	

## EXEMPT – APPLE CREEK

Current Position	Years of Service	Retire?	Stay in state service?	Developmental Center / locale	Relocate?	Qualifications	Comments	Job Postings Info Sent
							removal.	
MHA 5	14-237		Yes	MV, CaDC	Yes	Same or Similar		
RCS CM	24-168		Yes	WDC, YDC	No.	Same or similar		
MHA 2 EM	27-112		Yes	YDC, MVDC			Disability	
MHA 2 TN	27-336		Yes	MV, YDC, W	No	Program management		
HRS 1	7-312		Yes	CDC, MV, W			Transferred to CDC	
FSS	26-252		Yes	MV, Ca, CDC	No	Dietary		
SWS	26-070		Yes	YDC, WDC	No	Licensed SW		
RCS LP	23-168		Yes	WDC, YDC	No	Same or similar.		
Op Mgr	13-100		Yes	YDC, CaDC, Col	Possibly	Operations, Parks and Rec., Administration, Peace Officer		
Maint Supt	29-053	Yes					Will Retire	
QMRP RR	23-182		Yes	MVDC, YDC	No	Licensed SW		
QMPR LR	4-121		Yes	MVDC			Resigned.	
RCS RR	24-056		Yes	MVDC	No			
QMRP JR	13-350		Not sure			Same or Sim, Dir Care.		
QMRP UR	15-244		Yes	WDC, YDC			Disability	
RCS DS	26-238		Yes	CaDC, MV	Possibly	Same or Similar.		
RCS RS	29-280		Yes	YDC			Will Retire.	
RCS JS	16-308		Yes	CaDC, MV, YD	Possibly	Program or Operations		
Ex Sec SS	20-336		Yes	MVDC	No.	Same or Similar.		
RCS KW	2-294		No					
QMRP LW	12-098		Yes	MV, YDC, WDC	No.	Same or similar.		
RCS CW	28-028		Yes	YDC	No.	Licensed SW	Has been SW	

### 1199 – APPLE CREEK

Current Position	Years of Service	Retire?	Stay in state service?	Developmental Center / locale	Relocate?	Qualifications	Comments	Job Postings Info Sent
RN JB	9-322		Yes	YDC, MDC, GDC	Yes.	RN		
RN DB	10-112		Not sure					
Voc Hab TC	7-294		Yes	YDC, WDC	No.	Bachelors, direct care.		
RN JD	21-140		Not sure					
OT PD	14 days		No					
RN DF	16-154		Yes	MVDC	No.	RN		
RN DG	8-039		???	???	???			
SLP	8-056		Yes	YDC, WDC	No.			
RN LD	142 days		???	???	???			
Voc Hab KM	26-053		No					
RN CP	3-014		???	???	???			
Psych Ast 1	10-336		Yes	Close to ACDC	No	Masters.		
Psych Ast 2	24-364		???	???	???	Masters.		
Voc Hab SZ	28-182		Yes	MVDC, CDC		Bachelors, former QMRP		



## Appendix 6-4



### Ohio Department of Mental Retardation and Developmental Disabilities

Bob Taft, Governor

Kenneth W. Ritchey, Director

October 7, 2003

Ronald Alexander, Interim Executive Director  
AFSCME  
390 Worthington Road  
Westerville, OH 43082

Dear Mr. Alexander:

It is with a great deal of concern that I am writing this letter to you regarding our difficulty in reaching an agreement on issues that would seem to be of benefit to both your membership and our employees.

My Labor Relations staff have for many months been trying to work with your staff to resolve several issues that would be of value to your membership. The first issue is our need to complete a survey with bargaining unit staff at both Springview Developmental Center (SDC) and Apple Creek Developmental Center (ACDC) to ascertain what interest they might have in working at other Developmental Centers (DCs). We first contacted your staff on July 11, 2003. We have repeatedly asked for your support from the union to initiate this survey. Every day that goes by, opportunities are lost where an employee from either ACDC or SDC could let their interest be known and continue to work for the Department at other DCs or in other positions for which they are qualified. Thus these other positions instead of being held for these employees are being filled by others and will not be available in the future except through the normal bumping process.

The second issue that has also been discussed with your staff is the Memorandum of Understanding (MOU) regarding the closure of the two DCs. This MOU would allow us to establish ETI positions at all of the DCs in order to lessen the impact of the closure and to preserve jobs for people to move/bump into them. My staff have repeatedly e-mailed your staff (July 24<sup>th</sup>, August 8<sup>th</sup> and finally August 21<sup>st</sup>) about the survey and the MOU for which we have not received a response. In addition, numerous telephone calls to your office have also gone unanswered.

The third issue is the establishment of several ETI positions in our Division of Fiscal Administration. We have given a written proposal to your staff but have not received a response. Each time we talk to your staff we are told that after a certain event occurs (i.e. the AFSCME Conference) the MOU would be signed.

As stated, my staff has been trying to work with your staff but has not received the cooperation that is necessary for our organizations to work on behalf of our employees in a reasonable manner. As identified above, if properly resolved we will offer a benefit not only to your membership but also to these individuals who are our employees.

I would appreciate your response to these issues as soon as possible.

Sincerely,

  
Kenneth W. Ritchey  
Director

Cc: Michael Duco, OCB

## Appendix 7-1

### Mental Retardation and Developmental Disabilities, Department of

#### General Revenue Fund

##### GRF 320-321 Central Administration

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 11,957,993	\$ 11,663,996	\$ 9,899,611	\$ 7,333,527	\$ 9,174,390	\$ 9,357,878
	-2.5%	-15.1%	-25.9%	25.1%	2.0%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 215 of the 122nd G.A.)

**Purpose:** This line item supports expenses associated with payroll costs for central office.

##### GRF 320-411 Special Olympics

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 200,000	\$ 200,000	\$ 200,000	\$ 0	\$ 0	\$ 0
	0.0%	0.0%	-100.0%	N/A	N/A

**Source:** General Revenue Fund

**Legal Basis:** Discontinued line item (originally established by Am. Sub. H.B. 291 of the 115th G.A.)

**Purpose:** The funds in this line item supported the Ohio Special Olympics, Inc., which conducted Special Olympics programs for persons with MR/DD.

##### GRF 320-412 Protective Services

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 1,256,499	\$ 1,316,437	\$ 1,499,991	\$ 1,449,298	\$ 1,911,471	\$ 2,008,330
	4.8%	13.9%	-3.4%	31.9%	5.1%

**Source:** General Revenue Fund

**Legal Basis:** ORC 5123.56; Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established as ORC 5119.86 by Am. Sub. H.B. 284 of the 109th G.A.; renumbered ORC 5123.56 by Am. Sub. H.B. 900 of the 113th G.A.)

**Purpose:** Moneys in this line item are used to pay all costs associated with guardianships, trusteeships, and protectorships for persons with MR/DD, pursuant to ORC 5123.56. The Department contracts with Advocacy and Protective Service, Inc. (APSI), a non-profit agency, for these services. Additional services are funded through the Federal Special Revenue Fund Group (line item 320-634, Protective Services).

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

**GRF 320-415 Lease-Rental Payments**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 29,399,997	\$ 27,565,340	\$ 24,581,264	\$ 25,127,891	\$ 25,935,650	\$ 23,206,750
	-6.2%	-10.8%	2.2%	3.2%	-10.5%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

**Purpose:** This line item is used to make debt service payments on bonds issued for long-term capital construction projects.

**GRF 322-405 State Use Program**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 151,387	\$ 196,210	\$ 242,004	\$ 261,282	\$ 268,792	\$ 273,510
	29.6%	23.3%	8.0%	2.9%	1.8%

**Source:** General Revenue Fund

**Legal Basis:** ORC 4115.31 through 4115.35; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. S.B. 430 of the 111th G.A.)

**Purpose:** Funds in this line item pay for the expenses of the State Use Committee. The Committee, established under ORC 4115.31 through 4115.35, approves suitable products and services that are provided by nonprofit workshops for people in Ohio with severe disabilities. These products and services are offered for sale to both state and local governments.



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

**GRF 322-413 Residential and Support Services**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 126,127,410	\$ 130,856,142	\$ 137,669,440	\$ 154,235,070	\$ 8,439,337	\$ 8,450,787
	3.7%	5.2%	12.0%	-94.5%	0.1%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

**Purpose:** This line item provides funds to implement the requirements of the agreement settling the consent decree in the Sermak case, for Medicaid-reimbursed programs other than the home and community-based waiver services that allow individuals with MR/DD to live in the community, to support former residents of the Broadview Developmental Center who moved to community settings in connection with the closing of the Center, provide clothing allowances to private consumers who reside in ICF/MR facilities, and to conduct Pre-Admission Screening and Review (PASARR) evaluations required by federal regulations.

Am. Sub. H.B. 95 of the 125th G.A. includes temporary language allowing the Department to use this line item to implement the requirements of the consent decree in the Sermak case and for other Medicaid-reimbursed programs, in an amount not to exceed \$1.0 million per fiscal year, that enable persons with MR/DD to live in the community.

H.B. 95 also allows the Department to use this line item to develop residential and support service programs that enable persons with MR/DD to live in the community.

**GRF 322-414 Sermak Class Services**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 54,750	\$ 37,015	---	\$ 0	\$ 0	\$ 0
	-32.4%		N/A	N/A	N/A

**Source:** General Revenue Fund

**Legal Basis:** Discontinued line item (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

**Purpose:** This line item was used to implement the requirements of the consent decree in the case of Sermak vs. Manuel. These funds were used to pay for residential placement of the individuals who were part of the Sermak class action suit. Am. Sub. H.B. 283 of the 123rd G.A. reallocated funding for these activities to line item 322-413, Residential and Support Services.

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

**GRF 322-416 Waiver State Match**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
----	---	---	\$ 0	\$ 95,695,198	\$ 100,019,747
	N/A	N/A	N/A	N/A	4.5%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A.

**Purpose:** This line item funds the GRF share of two home and community-based Medicaid waivers--the Individual Options (IO) and the Residential Facilities Waiver (RFW). The IO waiver provides Medicaid services to persons in alternative settings to Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or a nursing facility. The RFW supports individuals who live in smaller home settings as an alternative to an ICF/MR. This line item also funds services contracted by county boards of MR/DD.

Am. Sub. H.B. 95 of the 125th G.A. includes temporary language requiring that this line item be used for the following:

- (1) home and community-based waiver services;
- (2) services contracted by county boards of MR/DD;
- (3) the nonfederal share of the cost of one or more new ICF/MR certified beds in a county where the county board does not support such development and if the Department is required to transfer funds to the Ohio Department of Job and Family Services to pay such nonfederal share.

H.B. 95 earmarks \$9,850,000 in each fiscal year to be distributed to county boards of MR/DD to support existing RFW and IO waivers related to Medicaid activities provided for in a county board's plan. Up to \$3,000,000 of this earmark in each fiscal year may be used to implement day-to-day program management services and up to \$4,200,000 in each fiscal year may be used to implement the program and health and welfare requirements of ORC 5126.054.

H.B. 95 earmarks \$2,650,000 in fiscal years 2004 and 2005 to recruit and retain direct care staff.

H.B. 95 requires the Department to use the fiscal year 2003 methodology to determine each residential facilities waiver and individual options waiver provider's allocation for fiscal years 2004 and 2005.

H.B. 95 allows the Department to use this line item to develop residential and support service programs that enable persons with MR/DD to live in the community.



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

**GRF 322-417 Supported Living**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
----	---	---	\$ 0	\$ 43,179,715	\$ 43,179,715
	N/A	N/A	N/A	N/A	0.0%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A.

**Purpose:** This line item funds the Supported Living program. The Supported Living program provides direct subsidies to county boards of MR/DD to support community-based, residential services. This line item may be used to fund Supported Living services contracted by county boards.

Am. Sub. H.B. 95 of the 125th G.A. includes temporary language allowing this line item to pay the nonfederal share of the cost of one or more new Intermediate Care Facilities for the Mentally Retarded certified beds in counties where the county board does not support such additions and if the Department is required to transfer such nonfederal funds to the Ohio Department of Job and Family Services pursuant to this bill.

H.B. 95 allows the Department to use this line item to develop residential and support service programs that enable persons with MR/DD to live in the community.

**GRF 322-451 Family Support Services**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 7,705,342	\$ 7,975,864	\$ 7,975,870	\$ 6,975,870	\$ 6,975,870	\$ 6,975,870
	3.5%	0.0%	-12.5%	0.0%	0.0%

**Source:** General Revenue Fund

**Legal Basis:** ORC 5126.11; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. S.B. 21 of the 112th G.A.)

**Purpose:** This line item funds a family support services program to provide assistance to persons with MR/DD and their families who are living in the community.

Am. Sub. H.B. 95 of the 125th G.A. includes temporary language allowing the Department to use this line item to pay the nonfederal share of the cost of one or more new Intermediate Care Facilities for the Mentally Retarded certified beds in a county where the county board of MR/DD initiates or supports such additions and if the Department is required to transfer such funds to the Ohio Department of Job and Family Services pursuant to this bill.

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

**GRF 322-452 Service and Support Administration**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 6,235,022	\$ 6,384,663	\$ 8,849,707	\$ 8,849,724	\$ 8,849,724	\$ 8,849,724
	2.4%	38.6%	0.0%	0.0%	0.0%

**Source:** General Revenue Fund

**Legal Basis:** ORC 5126.15; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Sub. H.B. 403 of the 117th G.A.)

**Purpose:** This line item funds Service and Support Administration activities throughout Ohio. The funds are allocated to county boards of MR/DD to provide Service and Support Administration and to bring state funding for all approved service and support administrators to the level authorized in ORC 5126.15(C). Subject to funding in this line item, no county may receive less than its allocation in FY 1995 for service and support administration.

Am. Sub. H.B. 95 of the 125th G.A. includes temporary language renaming "Case Management Services" as "Service and Support Administration" wherever referred to in any law, contract, or other document.

Additional temporary language authorizes the Department to use this line item to pay the nonfederal share of the cost of one or more new Intermediate Care Facility for the Mentally Retarded certified beds in a county where the county board of MR/DD initiates or supports such an addition and if the Department is required to transfer such funds to the Ohio Department of Job and Family Services pursuant to the bill.



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

**GRF 322-501 County Boards Subsidies**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 45,766,039	\$ 46,863,627	\$ 49,708,303	\$ 41,416,400	\$ 31,795,691	\$ 31,795,691
	2.4%	6.1%	-16.7%	-23.2%	0.0%

**Source:** General Revenue Fund

**Legal Basis:** ORC 5126.12; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established as ORC 5127.03 by H.B. 1 of the 100th G.A.; renumbered as ORC 5126.07 by Am. Sub. H.B. 455 of the 111th G.A.; renumbered as ORC 5126.12 by Am. Sub. S.B. 160 of the 113th G.A.)

**Purpose:** Funds appropriated in this line item are used to subsidize the basic operating expenses of the state's 88 county boards of MR/DD. The operating subsidy is paid to a county board based upon the number of individuals enrolled in board programs, excluding children enrolled in approved special education units.

The Department is required to distribute the funds in this line item to county boards of MR/DD for subsidies distributed pursuant to ORC 5126.12 to the limit of the lesser of the amount required by that section or the appropriation in line item 322-501, County Boards Subsidies, prorated to all county boards of MR/DD.

Temporary language in Am. Sub. H.B. 95 of the 125th G.A. allows the Department to use funds in this line item to pay the nonfederal share of the cost of one or more new Intermediate Care Facility for the Mentally Retarded certified beds if the county board initiates or supports such an addition and if the Department is required to pay such funds to the Ohio Department of Job and Family Services pursuant to the bill.

**GRF 322-503 Tax Equity**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
---	---	---	\$ 0	\$ 14,000,000	\$ 15,000,000
	N/A	N/A	N/A	N/A	7.1%

**Source:** General Revenue Fund

**Legal Basis:** ORC 5126.18; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A.

**Purpose:** Funds appropriated in this line item are used to fund the Tax Equalization program created under ORC 5126.18.

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

### **GRF 323-321 Residential Facilities Operations**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 104,019,997	\$ 102,336,062	\$ 100,499,356	\$ 100,666,372	\$ 105,701,254	\$ 107,252,799
	-1.6%	-1.8%	0.2%	5.0%	1.5%

**Source:** General Revenue Fund

**Legal Basis:** Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 215 of the 122nd G.A.)

**Purpose:** This line item covers personnel expenditures at the Department's 12 Developmental Centers. Additional funding for Developmental Centers' payroll is located in line items 323-605, Residential Facilities Reimbursement; 323-608, Federal Grants - Subsidies; 323-617, Education Grants - Residential Facilities; and 323-632, Operating Expense.

## **General Services Fund Group**

### **152 323-609 Residential Facilities Support**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 26,747	\$ 106,601	\$ 606,527	\$ 810,465	\$ 912,177	\$ 912,177
	298.6%	469.0%	33.6%	12.5%	0.0%

**Source:** General Services Fund Group: Revenues from the sale of goods and services by Developmental Centers and special education subsidy moneys from the Ohio Department of Education

**Legal Basis:** Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board in June 1980)

**Purpose:** These funds are used for maintenance and equipment expenses at the Department's 12 Developmental Centers.

### **488 322-603 Residential Services Refund**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 441,510	\$ 679,351	\$ 928,265	\$ 322	\$ 1,000,000	\$ 1,000,000
	53.9%	36.6%	-100.0%	310459.0%	0.0%

**Source:** General Services Fund Group: Reimbursement moneys collected from providers whose per diem rates, when audited, are found to be too high

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 298 of the 119th G.A.)

**Purpose:** The Department uses this line item to pay staff that audit service providers. Providers include individuals providing services under the old Purchase of Service program and the home and community-based Medicaid waivers.



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

**4B5 320-640 Conference/Training**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 79,958	\$ 195,121	\$ 17,887	\$ 24,866	\$ 400,000	\$ 400,000
	144.0%	-90.8%	39.0%	1508.6%	0.0%

**Source:** General Services Fund Group: Fees assessed to participants of various conference and training activities sponsored by DMR

**Legal Basis:** Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on November 20, 1989)

**Purpose:** The funds in this line item cover expenses associated with training.

**4J6 322-607 Intersystems Services - Youth**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 0	\$ 723,483	\$ 1,809,528	\$ 466,989	\$ 0	---
	N/A	150.1%	-74.2%	-100.0%	N/A

**Source:** General Services Fund Group: Youth cluster funds from the Department of Job and Family Services for multi-need youth

**Legal Basis:** Discontinued line item (originally established by Controlling Board on April 24, 2000)

**Purpose:** These funds were used to supplement local wrap-around programs for multi-need youth who were eligible for services from at least two Family and Children First Council agencies.

**4J6 322-645 Intersystem Services for Children**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 2,727,186	\$ 1,954,417	\$ 1,409,197	\$ 3,200,117	\$ 3,300,000	\$ 3,300,000
	-28.3%	-27.9%	127.1%	3.1%	0.0%

**Source:** General Services Fund Group: GRF funds transferred from the Department of Education

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

**Purpose:** The funds in this line item are used to support direct grants to county Family and Children First Councils. The funds are to be used as partial support payment and reimbursement for locally coordinated treatment plans for multi-needs children that come to the attention of the Family and Children First Cabinet Council. The Department may use up to 5% of the appropriation in this line item for administrative expenses associated with the distribution of funds to the county councils.

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

**4U4 322-606 Community MR and DD Trust**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 0	---	---	\$ 0	\$ 300,000	\$ 300,000
	N/A	N/A	N/A	N/A	0.0%

**Source:** General Services Fund Group: Moneys not spent, with the exception of debt service, at the end of the fiscal year in the Department's budget. At the end of a fiscal year, the Office of Budget and Management can transfer up to the certified amount of unspent money into the Community MR and DD Trust Fund (Fund 4U4). If this amount exceeds \$20 million, the Controlling Board must approve the transfer.

**Legal Basis:** ORC 5123.352; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. S.B. 21 of the 120th G.A.)

**Purpose:** The Department uses this line item to support unique community training programs. Under the Revised Code, the Department must certify all unspent and unencumbered GRF appropriations, other than those in line item 320-415, Lease-Rental Payments.

**4V1 322-611 Program Support**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 0	\$ 634,540	\$ 981,854	\$ 776,016	\$ 610,000	\$ 625,000
	N/A	54.7%	-21.0%	-21.4%	2.5%

**Source:** General Services Fund Group: Small federal grants for Respite Care

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board in 1995)

**Purpose:** This subsidy line item is used to provide operating moneys for Family and Children First.

**4V1 322-615 Ohio's Self-Determination Project**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 73,134	\$ 23,033	---	\$ 0	\$ 0	\$ 0
	-68.5%		N/A	N/A	N/A

**Source:** General Services Fund Group: Grant dollars from the Robert Wood Johnson Foundation for a Self-Determination pilot project

**Legal Basis:** Discontinued line item (originally established by Controlling Board on September 8, 1997)

**Purpose:** The funds in this line item covered the costs associated with the Self-Determination Project. This three-year demonstration program in four counties (Delaware, Knox, Lucas, and Marion) attempted to demonstrate that self-determined long-term care to persons with MR/DD could be more efficient, achieve greater consumer satisfaction if the person was provided the opportunity to identify the services and supports most needed, and was given control of the use of funds authorized for the purposes of providing such services and supports. The three-year Robert Wood Johnson Foundation grant expired on January 31, 2000.



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

**4V1 322-623 Special Projects**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
---	---	---	\$ 26,600	\$ 0	\$ 0
	N/A	N/A	N/A	-100.0%	N/A

**Source:** General Services Fund Group: Transfer of funds from Ohio Department of Transportation

**Legal Basis:** Discontinued line item (originally established by Controlling Board on April 22, 2002)

**Purpose:** Funds in this line item were used to conduct a study to review and improve the marketing practices used to promote and sell the custodial services offered by persons with severe mental retardation. The study also developed recommendations for improving the efficiency, effectiveness, and accuracy of the methods, processes, and procedures used to establish a fair-market price for custodial services on the procurement list of the State Use Committee. This was a short-term project limited to fiscal years 2002-2003.

**Federal Special Revenue Fund Group**

**325 320-634 Protective Services**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 407,740	\$ 386,810	\$ 150,000	\$ 75,000	\$ 100,000	\$ 100,000
	-5.1%	-61.2%	-50.0%	33.3%	0.0%

**Source:** Federal Special Revenue Fund Group: Part of the federal Title XX funds the Department receives from the Ohio Department of Job and Family Services

**Legal Basis:** ORC 5123.56; Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established as ORC 5119.86 by Am. Sub. H.B. 284 of the 109th G.A.; renumbered ORC 5123.56 by Am. Sub. H.B. 900 of the 113th G.A.)

**Purpose:** This line item pays the costs associated with initiating and maintaining guardianships, trusteeships, and protectorships for mentally retarded and developmentally disabled clients, pursuant to ORC 5123.56. The Department contracts with Advocacy and Protective Services, Inc. (APSI), a non-profit agency, for these services. Additional protective services funding is contained in GRF line item 320-412, Protective Services.

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

**325 322-608 Federal Grants - Operating Expenses**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 387,737	\$ 606,912	\$ 1,065,281	\$ 876,046	\$ 2,023,587	\$ 1,833,815
	56.5%	75.5%	-17.8%	131.0%	-9.4%

**Source:** Federal Special Revenue Fund Group: CFDA 84.181, Grants for Infants and Families with Disabilities

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** This line item provides grants and contract moneys for infants and families with disabilities living in the community.

**325 322-612 Social Service Block Grant**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 10,475,030	\$ 10,026,326	\$ 9,982,234	\$ 7,565,273	\$ 10,319,346	\$ 10,330,830
	-4.3%	-0.4%	-24.2%	36.4%	0.1%

**Source:** Federal Special Revenue Fund Group: CFDA 93.667, Social Services Block Grant (Title XX moneys are originally received by the Ohio Department of Job and Family Services (JFS), the state's designated recipient of these federal moneys; JFS then passes these funds along to DMR, which in turn distributes them to communities through this line item)

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on April 25, 1980)

**Purpose:** Title XX funds are used by public and private community organizations, such as county MR/DD boards, to implement and maintain community-based social service programs for the mentally retarded.

**325 322-617 Education Grants - Operating**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 67,844	\$ 107,632	\$ 8,439	\$ 8,028	\$ 75,500	\$ 75,500
	58.6%	-92.2%	-4.9%	840.5%	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 84.002, Adult Basic and Literacy Education (Adult Education and Family Literacy Act, Chapter 2, Pub. L. 105-220, U.C.S. 1201 et seq.)

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** Moneys are subgranted to DMR by the Ohio Department of Education. Funds in this line item are used to hire teachers, purchase education materials, and expand the educational opportunities for adults with MR/DD to focus on basic literacy skills.



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

**325 323-608 Federal Grants - Subsidies**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 326,120	\$ 322,571	\$ 333,764	\$ 396,179	\$ 571,381	\$ 582,809
	-1.1%	3.5%	18.7%	44.2%	2.0%

**Source:** Federal Special Revenue Fund Group: CFDA 94.011, Foster Grandparent Program

**Legal Basis:** Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** The funds are used to support the Foster Grandparent Program.

**325 323-617 Education Grants - Residential Facilities**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 384,256	\$ 348,400	\$ 356,298	\$ 370,642	\$ 425,000	\$ 425,000
	-4.4%	2.3%	4.0%	14.7%	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 84.002, Adult Basic and Literacy Education (Adult Education and Family Literacy Act, Chapter 2, Pub. L. 105-220, U.S.C. 1201 et seq.)

**Legal Basis:** Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** To ensure enrollment in basic literacy, this funding is available to persons who reside in Developmental Centers, as well as those who choose to live in the community. These funds are also used to ensure that successful outcomes are achieved primarily in obtaining and retaining employment and in learning basic reading skills to function independently.

**3A4 320-605 Administrative Support**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 3,690,193	\$ 6,595,895	\$ 3,863,732	\$ 6,873,753	\$ 12,492,892	\$ 12,492,892
	78.7%	-41.4%	77.9%	81.7%	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program

**Legal Basis:** Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** This line item supports expenses associated with the central office.



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

**3A4 322-605 Community Program Support**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 975,929	\$ 737,258	\$ 657,994	\$ 0	\$ 1,000,000	\$ 1,000,000
	-24.5%	-10.8%	-100.0%	N/A	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program (receives transfers from 323-605, Administrative Support, which are then reallocated for other purposes, usually for emergency situations)

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 204 of the 113th G.A.)

**Purpose:** In the past, funding in this line item has been used for emergencies. For example, it was used to pay Purchase of Service providers for the care of persons with MR/DD when there was a shortfall in funding. Am. Sub. H.B. 215 of the 122nd G.A. split the funding for these activities into 322-605, Community Program Support, and 322-610, Community Residential Support.

**3A4 322-610 Community Residential Support**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 205,568	---	---	\$ 0	\$ 500,000	\$ 500,000
		N/A	N/A	N/A	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program (receives transfers from 323-605, Medicaid Reimbursement, which are then reallocated for other purposes, usually for emergency situations)

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 215 of the 122nd G.A.)

**Purpose:** In the past, funding in this line item has been used for emergencies. For example, it was used to pay Purchase of Service providers for the care of persons with MR/DD when there was a shortfall in funding. Am. Sub. H.B. 215 of the 122nd G.A. split the funding for these activities into 322-605, Community Program Support and 322-610, Community Residential Support.

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

**3A4 323-605 Residential Facilities Reimbursement**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 111,342,408	\$ 103,416,121	\$ 106,580,994	\$ 111,680,440	\$ 128,736,729	\$ 128,831,708
	-7.1%	3.1%	4.8%	15.3%	0.1%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program (receives Medicaid reimbursement for state dollars spent on the care of mentally retarded individuals at the state Developmental Centers. The federal government reimburses the state for approximately 58% of the costs of all Medicaid-eligible services paid for with state funds)

**Legal Basis:** Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 291 of the 115th G.A.)

**Purpose:** The funds are used to pay operating expenses, primarily personal services, at the Department's 12 Developmental Centers.

**3A5 320-613 DD Council Operating Expenses**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 784,360	\$ 775,662	\$ 905,322	\$ 839,507	\$ 861,000	\$ 861,000
	-1.1%	16.7%	-7.3%	2.6%	0.0%

**Source:** Federal Special Revenue Fund Group: Various case management and community subgrants under the Developmental Disabilities Assistance Act

**Legal Basis:** Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on April 25, 1980)

**Purpose:** This line item is used to pay all operating expenses for the Developmental Disabilities (DD) Council.

**3A5 322-613 DD Council Grants**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 2,191,189	\$ 1,959,852	\$ 2,153,524	\$ 2,007,402	\$ 3,130,000	\$ 3,130,000
	-10.6%	9.9%	-6.8%	55.9%	0.0%

**Source:** Federal Special Revenue Fund Group: CFDA 93.630, Developmental Disabilities Basic Support and Advocacy Grants

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on April 25, 1980)

**Purpose:** This line item funds grants issued by the DD Council to serve individuals with MR/DD living in the community, based on parameters outlined in the Developmental Disabilities Assistance Act.

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

**3G6 322-639 Medicaid Waiver**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 110,055,768	\$ 120,725,093	\$ 145,491,897	\$ 228,378,979	\$ 344,068,714	\$ 373,772,814
	9.7%	20.5%	57.0%	50.7%	8.6%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program (federal Medicaid matching funds - CFDA 13.714, Title XIX, Medical Assistance; federal reimbursement for the Individual Options Medicaid Waiver program)

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on January 26, 1990)

**Purpose:** Moneys appropriated to this line item are used to implement the home and community-based Medicaid programs, as well as services required by the federally mandated Nursing Home Reform Act contained in the Omnibus Budget Reconciliation Act of 1987, P.L. 100-203 (OBRA). Activities such as rehabilitative services, physical therapy, occupational therapy, and transportation are provided.

**3M7 322-650 CAFS Medicaid**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 136,333,534	\$ 160,018,753	\$ 191,543,590	\$ 217,477,018	\$ 254,739,737	\$ 267,668,087
	17.4%	19.7%	13.5%	17.1%	5.1%

**Source:** Federal Special Revenue Fund Group: CFDA 93.778, Medical Assistance Program (federal Medicaid reimbursement)

**Legal Basis:** ORC 5111.041; Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 694 of the 114th G.A.)

**Purpose:** The Department bills Medicaid for services provided through the Community Alternative Funding System Medicaid program at certified habilitation centers (county MR/DD boards, school districts, and Head Start programs which participate in the CAFS program). The Department then distributes the federal Medicaid reimbursement to these entities.



**Mental Retardation and Developmental Disabilities, Department of**  
**State Special Revenue Fund Group**

**489 323-632 Operating Expense**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 8,002,205	\$ 7,997,918	\$ 11,465,025	\$ 8,993,683	\$ 12,125,628	\$ 12,125,628
	-0.1%	43.4%	-21.6%	34.8%	0.0%

**Source:** State Special Revenue Fund Group: An offset charge assessed against the resources of clients residing in the Department's Developmental Centers, and payments from the client's liable relatives and insurers

**Legal Basis:** ORC 5121.03; Section 71.05 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 1 of the 100th G.A.)

**Purpose:** These moneys contribute to the cost of care of clients residing at Developmental Centers. In practice, the funds are used to offset operating expenses at the Developmental Centers.

**4K8 322-604 Waiver-Match**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 10,882,620	\$ 17,095,213	\$ 13,183,009	\$ 9,727,561	\$ 12,000,000	\$ 12,000,000
	57.1%	-22.9%	-26.2%	23.4%	0.0%

**Source:** State Special Revenue Fund Group: ICF/MR bed tax assessment revenues transferred from the Department of Job and Family Services

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 152 of the 120th G.A.)

**Purpose:** Funds in this line item provide non-federal match to support the home and community-based Medicaid waiver programs.

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

**5H0 322-619 Medicaid Repayment**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
\$ 0	\$ 116	----	\$ 0	\$ 25,000	\$ 25,000
	N/A		N/A	N/A	0.0%

**Source:** State Special Revenue Fund Group: ISTV's from the Department of Job and Family Services related to Medicaid audit reimbursements

**Legal Basis:** Section 71.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on November 17, 1997)

**Purpose:** For individuals receiving services under a home and community-based Medicaid waiver (i.e., IO and RFW), the county board of MR/DD works with the individual to determine a plan of services. The service provider is to follow the plan of action outlined by the county board. To ensure compliance, the Department audits the Medicaid service providers to ensure that the Department is not billed for unauthorized services. If, for example, the audit determined that seven days of homemaker assistance was provided instead of five days as outlined in the service plan, the provider must repay the excess reimbursement. These funds are initially sent to the Department of Job and Family Services, which then transfers the funds back to DMR via an ISTV and these funds are placed into Fund 5H0.

**5S2 590-622 Medicaid Administration & Oversight**

2000 Actual	2001 Actual	2002 Actual	2003 Actual	2004 Appropriation	2005 Appropriation
----	---	---	\$ 2,998,303	\$ 2,969,552	\$ 2,969,552
	N/A	N/A	N/A	-1.0%	0.0%

**Source:** State Special Revenue Fund Group: Funds collected from the 1% fee charged to all county boards of MR/DD on the total of Medicaid paid claims for service and support services and home and community-based services.

**Legal Basis:** ORC 5123.0412 (B); Section 71.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on October 15, 2001)

**Purpose:** The fees deposited in this fund can be used for the administrative and oversight costs of habilitation center services, Medicaid service and support administration services, county board technical support, and home and community-based services that a county board monitors and develops or contracts to provide. The administrative and oversight costs include staff, systems, and other resources dedicated to eligibility determinations, training, fiscal management, claims processing, quality assurance, and other such duties the Department identifies. The fees deposited in this fund are divided among the Department and the Ohio Department of Job and Family Services by an interagency agreement.



# Appendix 7-2

## All Fund Groups

## FY 2004 - 2005 Final Appropriation Amounts

Line Item Detail by Agency	FY 1999:	FY 2000:	FY 2001:	FY 2002:	FY 2003:	FY 2004:	FY 2005:
<b>Report For: Main Operating Appropriations Bill</b>							
<b>Version: Enacted</b>							
<b>DMR Mental Retardation and Developmental Disabilities, Department of</b>							
GRF 320-321 Central Administration	\$ 11,247,957	\$ 11,957,993	\$ 11,663,998	\$ 9,898,611	\$ 7,333,527	\$ 9,174,390	\$ 9,357,878
GRF 320-411 Special Olympics	\$ 195,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 0	\$ 0	\$ 0
GRF 320-412 Protective Services	\$ 1,282,226	\$ 1,256,499	\$ 1,316,437	\$ 1,499,991	\$ 1,449,298	\$ 1,911,471	\$ 2,008,330
GRF 320-415 Lease-Rental Payments	\$ 33,504,313	\$ 29,399,997	\$ 27,565,340	\$ 24,581,264	\$ 25,127,891	\$ 25,935,650	\$ 23,206,750
GRF 322-405 State Use Program	\$ 132,339	\$ 151,387	\$ 196,210	\$ 242,004	\$ 261,282	\$ 268,792	\$ 273,510
GRF 322-413 Residential and Support Services	\$ 125,505,248	\$ 126,127,410	\$ 130,856,142	\$ 137,669,440	\$ 154,235,070	\$ 8,439,337	\$ 8,450,787
GRF 322-414 Sermak Class Services	\$ 1,403,390	\$ 54,750	\$ 37,015	---	\$ 0	\$ 0	\$ 0
GRF 322-416 Waiver State Match	---	---	---	---	\$ 0	\$ 95,695,198	\$ 100,019,747
GRF 322-417 Supported Living	---	---	---	---	\$ 0	\$ 43,179,715	\$ 43,179,715
GRF 322-451 Family Support Services	\$ 6,945,593	\$ 7,705,342	\$ 7,975,864	\$ 7,975,870	\$ 6,975,870	\$ 6,975,870	\$ 6,975,870
GRF 322-452 Service and Support Administration	\$ 6,094,841	\$ 6,235,022	\$ 6,384,663	\$ 8,849,707	\$ 8,849,724	\$ 8,849,724	\$ 8,849,724
GRF 322-501 County Boards Subsidies	\$ 44,646,547	\$ 45,766,039	\$ 46,863,627	\$ 49,708,303	\$ 41,416,400	\$ 31,795,691	\$ 31,795,691
GRF 322-503 Tax Equity	---	---	---	---	\$ 0	\$ 14,000,000	\$ 15,000,000
GRF 323-321 Residential Facilities Operations	\$ 100,570,302	\$ 104,019,997	\$ 102,336,062	\$ 100,498,356	\$ 100,666,372	\$ 105,701,254	\$ 107,252,799
<b>General Revenue Fund Total</b>	<b>\$ 331,528,756</b>	<b>\$ 332,874,436</b>	<b>\$ 335,395,357</b>	<b>\$ 341,125,545</b>	<b>\$ 346,315,434</b>	<b>\$ 351,927,092</b>	<b>\$ 356,370,801</b>
485 320-640 Conference/Training	\$ 62,121	\$ 79,958	\$ 195,121	\$ 17,887	\$ 24,865	\$ 400,000	\$ 400,000
488 322-603 Residential Services Refund	\$ 364,150	\$ 441,510	\$ 679,351	\$ 928,265	\$ 322	\$ 1,000,000	\$ 1,000,000
4U4 322-606 Community MR and DD Trust	\$ 0	\$ 0	---	---	\$ 0	\$ 300,000	\$ 300,000
4V1 322-611 Program Support	\$ 0	\$ 0	\$ 654,540	\$ 981,854	\$ 776,016	\$ 610,000	\$ 625,000
4V1 322-615 Ohio's Self-Determination Project	\$ 116,419	\$ 73,134	\$ 23,033	---	\$ 0	\$ 0	\$ 0
4V1 322-623 Special Projects	---	---	---	---	\$ 26,600	\$ 0	\$ 0
4J6 322-645 Intersystem Services for Children	\$ 2,959,535	\$ 2,727,195	\$ 1,954,417	\$ 1,409,197	\$ 3,200,117	\$ 3,300,000	\$ 3,300,000
152 323-609 Residential Facilities Support	\$ 81,352	\$ 26,747	\$ 106,601	\$ 606,527	\$ 810,465	\$ 912,177	\$ 912,177
<b>General Services Fund Group Total</b>	<b>\$ 3,583,577</b>	<b>\$ 3,348,535</b>	<b>\$ 3,593,062</b>	<b>\$ 3,943,730</b>	<b>\$ 4,838,386</b>	<b>\$ 6,522,177</b>	<b>\$ 6,537,177</b>
3A4 320-605 Administrative Support	\$ 3,213,589	\$ 3,090,193	\$ 6,595,895	\$ 3,883,732	\$ 6,873,753	\$ 12,492,892	\$ 12,492,892
3A5 320-613 DD Council Operating Expenses	\$ 765,001	\$ 764,350	\$ 775,662	\$ 905,322	\$ 639,507	\$ 861,000	\$ 861,000
325 320-618 Client Assistance Program	\$ 81,311	\$ 0	---	---	---	---	---
325 320-634 Protective Services	\$ 456,486	\$ 407,740	\$ 366,810	\$ 150,000	\$ 75,000	\$ 100,000	\$ 100,000
3A4 322-605 Community Program Support	\$ 1,434,116	\$ 975,929	\$ 737,258	\$ 657,994	\$ 0	\$ 1,000,000	\$ 1,000,000
325 322-608 Federal Grants - Operating Expenses	\$ 228,197	\$ 397,737	\$ 606,912	\$ 1,065,281	\$ 876,046	\$ 2,023,587	\$ 1,833,815
3A4 322-610 Community Residential Support	\$ 136,775	\$ 205,568	---	---	\$ 0	\$ 500,000	\$ 500,000

Prepared by The Legislative Service Commission



FY 2004 - 2005 Final Appropriation Amounts

All Fund Groups

Line Item Detail by Agency	FY 1999:	FY 2000:	FY 2001:	FY 2002:	FY 2003:	FY 2004	FY 2005
					Appropriations:	Appropriations:	Appropriations:
<b>DMR Mental Retardation and Developmental Disabilities, Department of</b>							
325 322-612 Social Service Block Grant	\$ 11,701,189	\$ 10,475,030	\$ 10,026,326	\$ 9,982,234	\$ 7,565,273	\$ 10,319,346	\$ 10,330,830
345 322-613 DD Council Grants	\$ 2,241,235	\$ 2,191,188	\$ 1,959,852	\$ 2,153,524	\$ 2,007,402	\$ 3,130,000	\$ 3,130,000
325 322-614 Health & Human Services	\$ 47,195	\$ 0					
325 322-617 Education Grants - Operating	\$ 90,478	\$ 87,844	\$ 107,632	\$ 8,439	\$ 8,028	\$ 75,500	\$ 75,500
3G6 322-639 Medicaid Waiver	\$ 101,060,010	\$ 110,055,768	\$ 120,725,093	\$ 145,491,897	\$ 228,378,979	\$ 344,068,714	\$ 373,772,814
3M7 322-650 CAFS Medicaid	\$ 131,156,566	\$ 136,333,534	\$ 160,018,753	\$ 191,543,590	\$ 217,477,018	\$ 254,739,737	\$ 267,668,087
344 323-605 Residential Facilities Reimbursement	\$ 102,058,734	\$ 111,342,408	\$ 103,416,121	\$ 106,580,994	\$ 111,680,440	\$ 128,736,729	\$ 128,831,708
325 323-608 Federal Grants - Subsidies	\$ 304,321	\$ 326,120	\$ 322,571	\$ 333,764	\$ 396,179	\$ 571,381	\$ 582,809
325 323-617 Education Grants - Residential Facilities	\$ 373,752	\$ 364,256	\$ 348,400	\$ 356,298	\$ 370,642	\$ 425,000	\$ 425,000
<b>Federal Special Revenue Fund Group Total</b>	<b>\$ 355,348,955</b>	<b>\$ 377,607,676</b>	<b>\$ 406,027,285</b>	<b>\$ 463,093,069</b>	<b>\$ 576,548,267</b>	<b>\$ 759,043,886</b>	<b>\$ 801,604,455</b>
4K6 322-604 Waiver-Match	\$ 11,244,460	\$ 10,882,620	\$ 17,095,213	\$ 13,183,009	\$ 9,727,561	\$ 12,000,000	\$ 12,000,000
5H0 322-619 Medicaid Repayment		\$ 0	\$ 115		\$ 0	\$ 25,000	\$ 25,000
489 323-632 Operating Expense	\$ 7,498,886	\$ 8,002,205	\$ 7,997,918	\$ 11,465,025	\$ 8,993,663	\$ 12,125,628	\$ 12,125,628
5S2 590-622 Medicaid Administration & Oversight					\$ 2,998,303	\$ 2,969,552	\$ 2,969,552
<b>State Special Revenue Fund Group Total</b>	<b>\$ 18,743,346</b>	<b>\$ 18,884,825</b>	<b>\$ 25,093,245</b>	<b>\$ 24,648,033</b>	<b>\$ 21,719,547</b>	<b>\$ 27,120,180</b>	<b>\$ 27,120,180</b>
<b>Mental Retardation and Developmental Disabilities, De</b>	<b>\$ 709,204,634</b>	<b>\$ 732,715,472</b>	<b>\$ 770,108,950</b>	<b>\$ 832,810,377</b>	<b>\$ 949,421,634</b>	<b>\$ 1,144,613,335</b>	<b>\$ 1,191,632,613</b>

## Appendix 7-3

OCTOBER 2003

### APPLE CREEK DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
New Pool Chemical System	\$ 5,600	General Plant Improvement	3/94
New Elevator, Jonathan Hall	268,433	General Plant Improvement	3/94
New Gas Boilers	859,084	General Plant Improvement	5/94
Replace Gym Floor	7,072	General Plant Improvement	5/94
Reroute Waterline at Greenhouse	13,500	General Plant Improvement	6/94
Demolition of Power Plant Stack	24,156	General Plant Improvement	7/94
Cortland Door Replacements	26,200	General Plant Improvement	8/94
Ruby Hall Renovation	437,355	General Plant Improvement	11/94
Underground Tank Removal at Viking	12,177	General Plant Improvement	11/94
PCB Transformer Removal	160,599	General Plant Improvement	12/94
ADD Cabinetry to Ruby Hall	55,738	General Plant Improvement	2/95
Underground Tank at Sup'ts. House & Sewage Treatment	3,443	General Plant Improvement	3/95
Laundry Equipment	8,081	General Plant Improvement	4/95
Asbestos Abatement at Grimes and Superintendent	38,241	General Plant Improvement	8/95
Demolition of 4 Physicians' Houses	27,543	General Plant Improvement	9/95
Re-roofing of Hydroclear Building	9,500	General Plant Improvement	10/95
Re-roofing of Cortland and Laundry	231,291	General Plant Improvement	10/95
Re-roofing of Garage	32,016	General Plant Improvement	4/96
Demolition of Grimes, Building X, Greenhouses, Superintendent's House & N. Courtyard Renovation	109,546	General Plant Improvement	6/96
Asbestos Abatement at Viking Hall & Building X	78,372	General Plant Improvement	7/96
Two (2) UST Removals & One (1) 2000 Gallon Diesel Tank	37,192	General Plant Improvement	8/96
Viking Hall Renovation	1,721,204	General Plant Improvement	9/96
Copper Telephone Network	38,076	General Plant Improvement	9/96
Fiber-optic Backbone Network	42,980	General Plant Improvement	9/96
Cortland Kitchen Cabinets	28,968	General Plant Improvement	10/96
Replace Comminutor	16,500	General Plant Improvement	3/97
Hydro-clear Rapid Sand Filter Controls	50,485	General Plant Improvement	4/97

## APPLE CREEK DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Control Panel and Butterfly Valve at Sewage Treatment	\$ 49,650	General Plant Improvement	4/97
Paint Water Tower	109,546	General Plant Improvement	10/97
Ruby Hall HVAC Renovation	259,322	General Plant Improvement	2/98
Asbestos Removal at Whitehouse and Farm House	6,491	General Plant Improvement	4/98
Demolition of Whitehouse and Farm House	1,000	General Plant Improvement	6/98
Replace Viking Kitchen Floor and Drains	16,230	General Plant Improvement	6/98
Ultraviolet Disinfection System	34,950	General Plant Improvement	8/98
Replace 7 Steam Coils, Jonathan	8,840	General Plant Improvement	10/98
Removal and Replacement of Underground Tanks	14,698	General Plant Improvement	12/98
Cortland Sewage Pumps	8,244	General Plant Improvement	2/99
Toilet Partition Replacements	79,050	General Plant Improvement	4/99
Well No. 1 and Pump Renovation	9,900	General Plant Improvement	5/99
D.A.S. Lighting Renovation	174,440	General Plant Improvement	6/99
Viking Landscape Improvements	9,400	General Plant Improvement	6/99
Well No. 1 Renovation	10,400	General Plant Improvement	7/99
Jonathan Hall Renovation	308,671	General Plant Improvement	11/99
Replace Jonathan Hall Steam Coils	5,295	General Plant Improvement	1/00
Steam Control Joint Replacement	9,060	General Plant Improvement	1/00
Re-roof Jonathan Hall Stair-Towers	9,800	General Plant Improvement	3/00
Well No. 2 Renovation	18,700	General Plant Improvement	3/00
Habilitation Services Parapet Renovation	19,408	General Plant Improvement	4/00
Tunnel Renovation	10,400	General Plant Improvement	5/00
Window Replacement	106,751.80	General Plant Improvement	5/01
Relining Cooler No. 7	6,948	General Plant Improvement	8/01
Electrical System	203,953	General Plant Improvement	9/01
Relocation of Cable TV Equipment	12,000	General Plant Improvement	1/02
Chemical Injection System Pool	41,153	General Plant Improvement	2/02



## APPLE CREEK DEVELOPMENTAL CENTER

PROJECT		COST	TYPE	COMPLETION DATE
Water Well Controls		27,746	General Plant Improvement	2/02
Steam Valve, Power Plant		2,820	General Plant Improvement	2/02
Kitchen Equipment	S	113,728	General Plant Improvement	3/02
Elevator Renovation, Jonathan Hall		23,758	General Plant Improvement	4/02
Cooling Tower Renovation, Jonathan Hall		3,965	General Plant Improvement	4/02
Steam Line Replacement, Water Tower		27,973	General Plant Improvement	5/02
Computer Infrastructure Upgrade-Switches		19,187	General Plant Improvement	6/02
Door Replacements, Cortland Hall		40,600	General Plant Improvement	8/02
Relining Cooler/Freezers		45,000	General Plant Improvement	12/02
Asbestos Abatement, McIntosh Hall Phase I & II		778,278	Asbestos Abatement	10/02
Cooler and Freezer		46,000	General Plant Improvement	03/12/03
Door Replacement		40,599.35	General Plant Improvement	03/12/03

## \* Statewide Line Items:

- (1) Asbestos Abatement
- (2) Emergency Improvements
- (3) Razing of Buildings

## CAMBRIDGE DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Residential Renovations - Phase I	\$ 208,468	General Plant Improvement	3/94
Roof Improvements & Exterior, Renovation, Joy	245,492	General Plant Improvement	6/94
Relocation of Utilities	209,138	General Plant Improvement	11/94
Demolition of Offices, Joy Building	29,605	General Plant Improvement	11/94
Exterior Renovations (Painting), Joy Building	78,387	General Plant Improvement	11/94
Exterior Renovations Three 32-Beds	66,486	General Plant Improvement	1/95
Replace Gas Service, Joy Building	11,988	General Plant Improvement	2/95
Laundry Equipment	15,754	General Plant Improvement	4/95
Residential Renovations, Phase II	289,977	General Plant Improvement	6/95
HVAC Renovations, Two 16-Beds	273,890	General Plant Improvement	6/95
Underground Tank Removal, Joy Building	12,218	General Plant Improvement	6/95
Demolition of Buildings 401,402,403,404,405	179,050	General Plant Improvement	8/95
Replace Electrical Service, Joy Building	23,556	General Plant Improvement	9/95
Replace Fire Alarm Panel, Lankenau	12,995	General Plant Improvement	10/95
Heating Upgrade at Joy Building	38,875	General Plant Improvement	10/96
Demolition of Buildings 603, 604, 704	190,081	General Plant Improvement	3/97
Air Condition Joy Building	139,432	General Plant Improvement	7/97
Computer Network	41,041	General Plant Improvement	11/97
HVAC Renovation at 3-32's	244,585	General Plant Improvement	12/97
Activity Building Addition	1,106,983	General Plant Improvement	5/98
Fire Alarm Renovation	104,523	General Plant Improvement	4/99
Energy Conservation at 3 - 32's	434,368	General Plant Improvement	6/99
Residential Bathroom Renovations	163,062	General Plant Improvement	7/99
Roofing Replacement/Residential and Program	88,473	General Plant Improvement	8/00
Water Line Replacement	241,543.18	General Plant Improvement	06/06/03
Computer System Renovation	66,544	General Plant Improvement	06/06/03

\* Statewide Line Items:

- (1) Asbestos Abatement
- (2) Razing of Buildings

## COLUMBUS DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Replacement, Steam Convertor, Rehabilitation Building	\$ 5,850	General Plant Improvement	3/94
Replacement Waterlines, 6" Control Valve	2,500	General Plant Improvement	4/94
Replacement Waterlines, 100' at Generator Building	7,350	General Plant Improvement	4/94
Asbestos Abatement at Doren & Powerplant	147,204	General Plant Improvement	5/94(1)
Demolition of Hillcrest and Doren	136,269	General Plant Improvement	8/94
Removal Underground Tanks (3)	9,990	General Plant Improvement	8/94
Exterior Renovations, Administration Building	252,199	General Plant Improvement	8/94
Demolition of Power Plant & Garage	51,632	General Plant Improvement	12/94
Removal of PCB Transformers	560,682	General Plant Improvement	12/94
Asbestos Removal, Tunnels, Phase I	26,301	General Plant Improvement	1/95
Remediation of Dirt at Power Plant	32,732	General Plant Improvement	2/95
Asbestos Removal, Tunnels, Phase II	44,653	General Plant Improvement	6/95
Demolition of Tunnels, Phase I	89,539	General Plant Improvement	6/95
Laundry Equipment	4,345	General Plant Improvement	6/95
Renovate Chiller Unit, Administration	8,940	General Plant Improvement	8/95
Asbestos Removal, Carlson	46,125	General Plant Improvement	1/96
Repair Chiller Line, Administration	3,792	General Plant Improvement	1/96
Electrical System Renovation	19,979	General Plant Improvement	1/96
Above Ground Gas Tank	20,975	General Plant Improvement	1/96
Tank Removal, Transportation	12,020	General Plant Improvement	1/96
Asbestos Removal and Flooring Replacement, Rehabilitation	99,976	General Plant Improvement	6/96
Primary Pole-Mounted Switch	6,953	General Plant Improvement	8/96
Repair Primary Service	14,323	General Plant Improvement	11/96
Remove Diesel Tank	3,200	General Plant Improvement	11/96
Waterline Replacement, Phase I	494,778	General Plant Improvement	2/97
Natorium Ceiling Replacement	35,802	General Plant Improvement	2/97
Dietary Building	1,944,505	General Plant Improvement	2/97
Renovation of Carlson	1,493,836	General Plant Improvement	3/97
Floor Slab Replacement at Supp. Service	8,464	General Plant Improvement	5/97



### COLUMBUS DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Demolition of Tunnels, Phase II	\$ 153,467	General Plant Improvement	6/97
Earthwork for 13-Space Parking Lot	44,275	General Plant Improvement	7/97
Electrical System Renovation	433,563	General Plant Improvement	9/97
Emergency Clean Up of Ethylene Glycol	14,796	General Plant Improvement	1/98
Asbestos Abatement at Westview	63,778	General Plant Improvement	1/98
Demolition of Westview	123,637	General Plant Improvement	1/98
Waterline Replacement, Phase II	182,519	General Plant Improvement	5/98
Renovate Program Building for Administrative Offices	1,170,845	General Plant Improvement	6/98
Landscaping of Rehabilitation Building	52,546	General Plant Improvement	6/98
Re-roofing of Rehabilitation Building	259,090	General Plant Improvement	6/98
Storm Sewer Improvements	155,074	General Plant Improvement	1/99
D.A.S. Lighting Project	86,110	D.A.S. Funds	2/99
Induced Draft Fan, Dietary	5,883	General Plant Improvement	5/99
Return Duct Modification, Carlson	8,842	General Plant Improvement	5/99
Fiber-optic Backbone	259,930	General Plant Improvement	8/99
Renovate Parkside and Cedargrove	989,291	General Plant Improvement	9/99
Rehabilitation Building Renovation	819,016	General Plant Improvement	10/99
Asbestos Removal, Broadview	5,170	General Plant Improvement	4/00
Pad Mount Transformer	98,954.98	General Plant Improvement	3/01
Emergency Sewer Line Replacement, Cedargrove	20,049	General Plant Improvement	2/02
Fire Alarm System	160,705	General Plant Improvement	05/20/03
Generator Replacement	321,471.46	General Plant Improvement	05/20/03
Underground Tank Removal	321,471.46	General Plant Improvement	05/20/03
Emergency Electrical Repairs	10,126.27	General Plant Improvement	05/20/03

\* Statewide Line Items:  
 (1) Asbestos Abatement  
 (2) Emergency Improvements  
 (3) Razing of Buildings  
 (4) Equipment Projects

## GALLIPOLIS DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Laundry Roof Replacement	\$ 118,629	General Plant Improvement	1/94
Residential Renovations, Phase I	972,804	General Plant Improvement	8/94
Installation, Above Ground Tank, Support Building	22,510	General Plant Improvement	11/94
New Gas Boiler Installation	2,499,989	General Plant Improvement	12/94
Underground Tank Removal, Support Building & Garage	5,807	General Plant Improvement	2/95
Repair, Condensate Line at 6043	7,351	General Plant Improvement	3/95
Replace Cooling Tower at Activity Therapy Building	17,800	General Plant Improvement	4/95
Laundry Equipment	3,417	General Plant Improvement	4/95
Demolition of Two Power Plant Stacks	29,733	General Plant Improvement	4/95
Demolition of East & West Industrial, Dietary, Cottage U (6006), and Garage (8.010)	230,914	General Plant Improvement	5/95
Three Underground Tank Removals at Power House	33,143	General Plant Improvement	6/95
Replace Condensate Line at 6044	8,492	General Plant Improvement	9/95
New 32-Bed Cottage	1,813,651	General Plant Improvement	11/95
Administration Building Roof Replacement	351,082	General Plant Improvement	1/96
Replace Condensate Line at Activity Building	8,950	General Plant Improvement	3/96
Asbestos Floor Abatement-3 32 Beds	76,093	General Plant Improvement	9/96
Cottage Renovations, Phase 2	856,115	General Plant Improvement	10/96
Boiler Repairs	5,105	General Plant Improvement	11/96
5 AST Installations	50,517	General Plant Improvement	3/97
5 UST Removals	26,250	General Plant Improvement	4/97
Well Renovations	41,052	General Plant Improvement	2/98
Cottage Renovations, Phase III	358,044	General Plant Improvement	3/98
Asbestos Abatement at Powerhouse and Boilers	79,836	General Plant Improvement	7/98
Relocate Brine Line	2,298	General Plant Improvement	7/98
Heat Pump for Paint Shop	5,785	General Plant Improvement	7/98
Asbestos Abatement, Power Plant Engineer's Office	12,806	General Plant Improvement	10/98
Roof Renovation, Residential Buildings	13,400	General Plant Improvement	11/98
Storm Damage, Materials Only	20,974	General Plant Improvement	1/99
Emergency Generator Replacements	118,264	General Plant Improvement	1/99
15 KV Cable Relocation	37,148	General Plant Improvement	2/99

### GALLIPOLIS DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Paint Reservoir Cover and Overhead Sewer Line	\$ 64,876	General Plant Improvement	10/99
Fiber-optic System (Partial Funding)	100,000	General Plant Improvement	6/00
Transfer Switch Replacement	9,297	General Plant Improvement	10/00
Asbestos Removal, Tunnels	24,000	General Plant Improvement	10/00
Power Plant, Demolition	219,506	General Plant Improvement	12/00
Dishwasher Replacement	55,250	General Plant Improvement	12/01
Renovation of Reservoir	64,057	General Plant Improvement	12/01
Renovate Refrigerator/Freezer	40,000	General Plant Improvement	3/02
Dock Plate Replacements (3)	23,010	General Plant Improvement	8/01
Fire Alarm	97,497.91	General Plant Improvement	06/13/03
Residential Renovations	533,676.22	General Plant Improvement	06/13/03

\* Statewide Line Item:  
(1) Emergency Improvements

## MONTGOMERY DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Replace HVAC Units	\$ 11,376	General Plant Improvement	7/95
Asbestos Abatement at Residentials	85,162	General Plant Improvement	7/96
Residential Renovations, Phase 2	1,012,177	General Plant Improvement	8/96
Addition and Renovation of Activity Building	1,061,679	General Plant Improvement	8/96
Replace Underground Tanks	102,300	General Plant Improvement	2/98
Roof and Exterior Renovation	151,821	General Plant Improvement	7/98
Fire Alarm System	329,945	General Plant Improvement	05/22/03

\* Statewide Line Item:

(1) Equipment Projects

## MOUNT VERNON DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Demolition of Chimney	\$ 59,650	General Plant Improvement	3/94
Carpet Renovation - Administration Building	2,311	General Plant Improvement	3/94
Demolition of Two (2) Cattle Barns (2001,2002) Coal Handling Equipment, Cottage 1 (6003), Engineer's Cottage (6008)	129,538	General Plant Improvement	4/94
New Blast Chiller	24,366	General Plant Improvement	5/94
Replacement, Fire Alarm Panel	6,598	General Plant Improvement	8/94
Asbestos Removal, Gym Floor	9,040	General Plant Improvement	9/94
Floor Replacement, PH & E Building	7,609	General Plant Improvement	10/94
Replacement of High Voltage Switchgear	132,359	General Plant Improvement	1/95
Power Plant Renovation	246,044	General Plant Improvement	7/95
Asbestos Removal at Jones and Snyder	5,153	General Plant Improvement	8/95
Renovation of Electrical Distribution	5,790	General Plant Improvement	8/95
Renovation of Residential Buildings	537,331	General Plant Improvement	11/95
Door Replacement at 3 16's	63,276	General Plant Improvement	12/95
Replacement of Windows and Roof	882,004	General Plant Improvement	12/95
Handicap Door Hardware	11,987	General Plant Improvement	2/96
Renovation of Wells	24,102	General Plant Improvement	3/96
Computer Network Equipment	35,478	General Plant Improvement	4/96
Computer Network Installation and Wiring	162,625	General Plant Improvement	4/96
Laundry Equipment	186,144.39	General Plant Improvement	4/96
Tube Bundles	42,765	General Plant Improvement	9/96
Demolition of Cottages A & B	85,117	General Plant Improvement	9/96
Air Compressor-Laundry Building	6,956	General Plant Improvement	11/96
Remove 3 Gas Tanks	10,575	General Plant Improvement	11/96
Install 2 Above Ground Tanks	54,562	General Plant Improvement	11/96
External Renovations - Various Buildings	179,376	General Plant Improvement	1/97
Renovation of Administration Building	142,232	General Plant Improvement	1/97
Roof Renovation - PH & E	4,794	General Plant Improvement	6/97
Air Condition Administration Print Shop	6,487	General Plant Improvement	7/97
Handicap Door Hardware	3,793	General Plant Improvement	8/97



## MOUNT VERNON DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Heating Lines at Ind. Square	\$ 23,755	Material Only	9/97
ODOT Bridge Replacement	149,068	General Plant Improvement	7/97
3 Sump Pumps	1,248	General Plant Improvement	9/97
Paint 2 Water Towers	124,100	General Plant Improvement	10/97
Replace Waterlines	218,689	General Plant Improvement	12/97
Fire Alarm System at Ind. Square	3,183	General Plant Improvement	1/98
Remove U.G. Tank and Relocate Generators at Jones and Snyder	30,222	General Plant Improvement	1/98
Laundry Building Fire Alarm	5,920	General Plant Improvement	9/98
Chiller Renovation, Rian	11,630	General Plant Improvement	12/98
Roof Over Great Room, Administration	3,896	General Plant Improvement	9/98
Electrical System Renovation	123,613	General Plant Improvement	11/98
Re-roofing at Independence Square	68,524	General Plant Improvement	12/98
Emergency Repairs to Sanitary Sewer Lines	17,595	General Plant Improvement	3/99
Asbestos Abatement at Utility Tunnels	22,458	General Plant Improvement	3/99
Telephone Upgrade	116,754	General Plant Improvement	1999
External Renovations, Phase 2	54,208	General Plant Improvement	6/99
Asbestos Removal/Floor Renovations at 3 - 16's	36,399	General Plant Improvement	6/99
HVAC Control Valve Activators	7,489	General Plant Improvement	6/99
Demolition of Tunnel and Sewage Treatment	107,395	General Plant Improvement	11/99
Fiber-optic, Independence Square	12,650	General Plant Improvement	11/99
Renovation, Main Kitchen	402,216	General Plant Improvement	5/01
Renovation, Rian Hall Restrooms	278,768	General Plant Improvement	5/01
AST Fence	6,869	General Plant Improvement	5/01
Video Stud and Sewer System	15,000	General Plant Improvement	7/01
Emergency Coil Replacement, Rian Hall	6,955	General Plant Improvement	7/01
Asbestos Removal, Rian Hall	14,165	General Plant Improvement	9/01
Fiber-optic Backbone	187,269	General Plant Improvement	11/01
Fire Alarm System	143,346	General Plant Improvement	8/01
Rian Hall, Chiller	56,900	General Plant Improvement	2/02



**MOUNT VERNON DEVELOPMENTAL CENTER**

<b>PROJECT</b>	<b>COST</b>	<b>TYPE</b>	<b>COMPLETION DATE</b>
Replacement Water Line	\$ 202,316	General Plant Improvement	5/02
Kitchen Equipment	32,197	General Plant Improvement	5/02
Fire Alarm System	212,197	General Plant Improvement	03/13/03
Emergency Transformer Replacement	13,241.90	General Plant Improvement	03/13/03
Rian Hall Renovations	4,405	General Plant Improvement	03/13/03

**\* Statewide Line Items:**

- (1) Asbestos Abatement
- (2) Emergency Improvements
- (3) Razing of Buildings
- (4) Equipment Projects

## NORTHWEST OHIO DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Dock Repair, Dietary Building	\$ 7,800	General Plant Improvement	10/94
Bathroom Renovations, Phase I	341,772	General Plant Improvement	6/95
Bathroom Renovation, Phase II	352,675	General Plant Improvement	11/95
Window Replacement and Roof Flashing	504,359	General Plant Improvement	1/96
Telephone System	65,972	General Plant Improvement	7/96
D.A.S. Lighting Upgrade	144,561	D.A.S. Funds	8/96
Renovate Pool Plumbing	34,431	General Plant Improvement	10/96
Steamline Repair	2,803	General Plant Improvement	12/96
Activity Center Addition	745,836	General Plant Improvement	2/97
2 UST Removals and 2 AST Installations	60,208	General Plant Improvement	8/97
Emergency Generator Replacement	270,101	General Plant Improvement	2/98
Cottage Room Renovations	344,697	General Plant Improvement	10/98
Chiller Replacement and Humidification	327,918	General Plant Improvement	2/99
Fiber Optic Installation (Partial)	49,950	General Plant Improvement	5/00
Fire Alarm Control Panel Upgrade	29,465	General Plant Improvement	2/02
Gas Line and Water Heaters	220,937	General Plant Improvement	3/02
Bedroom & Laundry Renovations	194,475.13	General Plant Improvement	03/31/03
Security System	105,009.60	General Plant Improvement	03/31/03
Cooling Tower (Chiller) Pump	19,110	General Plant Improvement	03/31/03
Residential Coil Replacement	46,550	General Plant Improvement	03/31/03

\* Statewide Line Items:

(1) Energy Conservation

## SOUTHWEST OHIO DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Installation, Toilet Partitions	\$ 7,205	General Plant Improvement	2/94
Installation of Fire Doors	14,908	General Plant Improvement	7/94
Installation, Chilled Water Valves	3,835	General Plant Improvement	3/94
Residential Renovations	1,080,092	General Plant Improvement	9/94
Installation, Counter Tops & Cabinet Fronts	120,250	General Plant Improvement	12/94
Laundry Equipment	27,747	General Plant Improvement	11/95
Replace Lift Station	54,403	General Plant Improvement	10/95
Remove Three (3) Underground Storage Tanks	30,650	General Plant Improvement	11/95
Laundry Renovations	56,440	General Plant Improvement	4/96
Remove Seven (7) Diesel Tanks	33,163	General Plant Improvement	5/96
Asbestos Abatement at Program Building	6,210	General Plant Improvement	1/97
Renovate Program Building	913,990	General Plant Improvement	2/97
Replace 7 Chillers and 5 Rooftop DX Units	221,351	General Plant Improvement	5/98
Asbestos Removal, Floors and Program Building	2,400	General Plant Improvement	9/98
Re-roofing of Residential Buildings	265,077	General Plant Improvement	9/98
Fiber-optic Backbone	41,791	General Plant Improvement	10/98
Above Ground Storage Tank/Maintenance Building	9,504	General Plant Improvement	3/99
Medical Addition and New Storage Building	292,359	General Plant Improvement	4/99
Dietary Building Addition	157,836.46	General Plant Improvement	5/01
Transformer Replacement	\$11,477.92	General Plant Improvement	03/14/03

\* Statewide Line Items:

- (1) Razing of Buildings
- (2) Energy Conservation
- (3) Emergency Improvements
- (4) Dietary Delivery Systems

### SPRINGVIEW DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Renovation, Dietary Facilities	\$ 635,190	General Plant Improvement	11/94
Installation of Dust Collector	192,363	General Plant Improvement	12/94
Elevator Replacement	89,000	General Plant Improvement	6/95
Laundry Equipment	59,788	General Plant Improvement	9/95
Laundry Room Renovation	20,315	General Plant Improvement	6/96
Air Condition Dietary	137,779	General Plant Improvement	3/97
Phone System	38,645	General Plant Improvement	4/98
Program Building Addition	2,645,907	General Plant Improvement	5/99
Induction System Control Upgrade	88,461	General Plant Improvement	5/99
D.A.S. Lighting Renovation	43,164	General Plant Improvement	6/99
Emergency Generator Replacement	99,851	General Plant Improvement	1/00
Computer Network	105,358	General Plant Improvement	4/00
Sewer/Waterline	72,225	General Plant Improvement	11/00
Renovation, Clark Hall I	443,646.07	General Plant Improvement	5/01
Above Ground Tank Renovations	61,116	General Plant Improvement	6/01
Renovation, Clark Hall II	350,823	General Plant Improvement	7/01
Storage Facility	611,032	General Plant Improvement	10/01
Water Conditioning System	25,563	General Plant Improvement	9/02
Water Conditioner	25,563	General Plant Improvement	03/14/03
Computer Network Switch	33,060	General Plant Improvement	03/14/03

\* Statewide Line Item:

(1) Asbestos Abatement

## TIFFIN DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Steamline and Waterline Replacement	\$ 275,885	General Plant Improvement	2/94
Demolition of Farm Buildings	56,503	General Plant Improvement	1/95
Replacement of 5 kv switch	46,351	General Plant Improvement	11/95
New Gas Boiler Project	1,379,212	General Plant Improvement	1/96
Demolition of Smokestack	11,425	General Plant Improvement	4/96
Addition to Utah & Nevada	485,975	General Plant Improvement	7/96
Demolition of Coal Handling Equipment and Tennessee	94,429	General Plant Improvement	8/96
Asbestos Abatement, 5 Cottage Roofs	52,670	General Plant Improvement	2/97
Cottage, Dietary, Laundry Roof Renovations	225,060	General Plant Improvement	2/97
Garza Building Renovation	755,736	General Plant Improvement	3/97
New Support Building	571,565	General Plant Improvement	3/97
Installation of 500 KVA Transformer	40,237	General Plant Improvement	9/97
Lighting Renovation	85,245	General Plant Improvement	10/97
Handicapped Access	248,383	General Plant Improvement	4/98
Boiler Feedwater Replacement	96,335	General Plant Improvement	4/98
Pre-Draft Fan	5,600	General Plant Improvement	4/98
Sprinkler Installation, 5-6 Bed Residential	165,000	General Plant Improvement	4/99
Door and Window Replacement	353,832	General Plant Improvement	4/99
Fire Alarm Upgrade	528,074	General Plant Improvement	6/99
Roof Re-flashing at Administration	9,477	General Plant Improvement	1/00
Generator Repair	22,991	General Plant Improvement	8/00
Asbestos Removal, Tunnels	11,265	General Plant Improvement	10/00
Replacement of Steam and Condensate Lines	138,063	General Plant Improvement	11/00
Emergency Water Line Repair	17,280	General Plant Improvement	4/01
AST Fences	2,290	General Plant Improvement	6/01
Roof/Residential Renovation	114,481	General Plant Improvement	9/01
Generator/Governor Repairs	6,845.91	General Plant Improvement	05/28/03

\* Statewide Line Items:  
 (1) Asbestos Abatement  
 (2) Emergency Improvements  
 (3) Equipment Projects  
 (4) Razing of Buildings



## WARRENSVILLE DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
Cottage Renovations, Phase I	\$ 1,993,020	General Plant Improvement	3/94
Exterior Renovations, M/S & CC Buildings	109,591	General Plant Improvement	11/94
Replacement of Water Lines	410,920	General Plant Improvement	11/94
Underground Tank Removal	6,545	General Plant Improvement	11/94
Installation of Above Ground Tank	21,375	General Plant Improvement	11/94
Replacement of Gym Floor	66,733	General Plant Improvement	11/94
Maintenance and Storage Building Addition	222,717	General Plant Improvement	3/96
Exterior Renovations	130,988	General Plant Improvement	6/96
Cottage Ceiling Replacements	53,065	General Plant Improvement	7/96
Mitsubishi A/C Unit, M/S Building	1,274	General Plant Improvement	8/96
Air Handling Units & Condensing	102,794	General Plant Improvement	11/96
Dietitians Office	5,957	General Plant Improvement	11/96
Cottage Door Replacements	47,800	General Plant Improvement	5/97
Laundry Cabinets & Counters	46,235	General Plant Improvement	5/97
Replace Cooler and Freezer Door	9,244	General Plant Improvement	12/97
Activity Building Addition	368,022	General Plant Improvement	1/98
Masonry Wall Renovations, House 1	1,700	General Plant Improvement	2/98
Refinish Gym Floor	3,448	General Plant Improvement	3/98
Install Ceramic Tile at Foyer in C/C Building Addition	790	General Plant Improvement	3/98
Auto HVAC Controls, C/C Building	5,120	General Plant Improvement	3/98
Masonry Wall Renovations, House 4 & 5	5,980	General Plant Improvement	3/98
Widen Concrete Drive at C/C Building	3,200	General Plant Improvement	5/98
Replace Bathroom Floor Tile, House 2 & 8	2,965	General Plant Improvement	6/98
Masonry Wall Renovations, House 2	1,700	General Plant Improvement	6/98
Key System Replacement	6,021	General Plant Improvement	8/98
Roof Shingle Repairs	3,610	General Plant Improvement	10/98
Electronic Controls for AHU - C/C	2,875	General Plant Improvement	2/99
ADA Compliance - C/C	70,094	General Plant Improvement	5/99
Interior Renovation, Activity/Therapy Building	50,868	General Plant Improvement	9/99
Administration Building Lobby Renovation	28,285	General Plant Improvement	9/99



### WARRENSVILLE DEVELOPMENTAL CENTER

PROJECT	COST	TYPE	COMPLETION DATE
New Telephone System	\$ 78,573	General Plant Improvement	10/99
Fiber-optic Backbone	10,968.79	General Plant Improvement	11/00
Fire Alarm Panel	28,802	General Plant Improvement	2/01
13.2 kV Underground Electric	231,884.51	General Plant Improvement	5/01
Condensing Units and Controls, Program Building	91,940	General Plant Improvement	11/01
Replacement, Emergency Generator, Program Building	10,302	General Plant Improvement	11/01
Residential Renovations, Cabinets, House 7	3,795	General Plant Improvement	1/02
Fire Hood Suppression, Alarm Connections (9 Residential Buildings)	3,150	General Plant Improvement	1/02
AST Fencing and Relocation of Gas Pumps	19,419	General Plant Improvement	2/02
Fire Alarm Panels (Maintenance)	38,972	General Plant Improvement	05/16/03
Fire Alarm Panels (Administration Building)	4,479	General Plant Improvement	05/16/03
Natatorium Make Up Air Heat	27,388	General Plant Improvement	05/16/03
Site Improvements	3,085	General Plant Improvement	05/16/03
Unit Heater Cover Replacement	28,150	General Plant Improvement	05/16/03

\* Statewide Line Item:

(1) Emergency Improvements

**YOUNGSTOWN DEVELOPMENTAL CENTER**

<b>PROJECT</b>	<b>COST</b>	<b>TYPE</b>	<b>COMPLETION DATE</b>
Energy Conservation	\$ 302,872	General Plant Improvement	1/94
Dry Goods Storage Addition	106,735	General Plant Improvement	1/94
Waterline Freezing in Building #2	2,091	General Plant Improvement	3/94
Relocate Two (2) Compressors and Convert Freezer	4,538	General Plant Improvement	6/94
Kitchen Air Conditioning	10,000	Operating Money	8/94
Asbestos Flooring Removal, C&T Building	29,591	General Plant Improvement	9/94
Replacement of Flooring, C&T Building	26,375	General Plant Improvement	10/94
Installation of Gas Boilers and Mechanical Renovations	358,018	General Plant Improvement	11/95
2 AST at Service & CT	47,587	General Plant Improvement	4/96
Remove UST at Service & CT	30,318	General Plant Improvement	5/96
Replace underground Storage Tank at House 7	43,895	General Plant Improvement	9/96
Roof Renovations - CT, Admin, Service	94,217	General Plant Improvement	11/96
Renovation of CT Building	85,427	General Plant Improvement	11/96
Residential Renovations, Phase 2	779,809	General Plant Improvement	11/96
Building Lighting Upgrade	21,294	General Plant Improvement	6/97
Catch-basin & Gutter Replacement	163,505	General Plant Improvement	1/98
Emergency Standby Power for Administration	35,633	General Plant Improvement	10/98
Above Ground Tank, Renovation	5,400	General Plant Improvement	12/98
HVAC Renovation	332,715	General Plant Improvement	12/98
Various Building Renovations	161,483	General Plant Improvement	1/99
Site Lighting	64,360	General Plant Improvement	3/00
Roof Replacement, CT Building	327,813.62	General Plant Improvement	5/01
Dumpster Pad	2,780	General Plant Improvement	5/01
AST Fencing	3,157	General Plant Improvement	5/02
Storm Sewer Renovations	2,500	General Plant Improvement	12/02
Fire Alarm System	367,545	General Plant Improvement	05/28/03
HVAC Renovations	195,280.60	General Plant Improvement	07/01/03

\* Statewide Line Item:  
(1) Emergency Improvements

# Appendix 7-4

DEVELOPMENTAL CENTER REASSESSMENT SUMMARY														
APPL CAMB COLU GALL MONT NORT SOUT TIFF WARR YOUN DC-WIDE														
Number of Reassessed Employees	Exempt	4	3	2	14	2	16	7	2	3	19	13	4	89
	FOP	4	0	0	0	2	5	0	0	0	1	0	1	13
	OCSEA	15	5	11	32	6	34	8	6	2	59	42	11	231
	1199	6	1	3	13	0	8	4	0	4	1	9	1	50
	Total	29	9	16	59	10	63	19	8	9	80	64	17	383
Number of Abolished Positions	Exempt	1	0	1	7	1	6	0	0	0	8	5	1	30
	FOP	3	0	0	0	1	2	0	0	0	0	0	1	7
	OCSEA	5	1	3	12	4	22	0	4	0	22	8	6	87
	1199	4	0	1	9	0	5	0	0	0	1	6	0	26
	Total	13	1	5	28	6	35	0	4	0	31	19	8	150
Number of Laid Off Employees		2	0	3	4	2	6	0	1	0	5	3	2	28

Produced By: Fiscal Administration-Business Services-Payroll Services Unit      Date: 05/24/02

Source: Reassessment Reports from Fiscal, HR, and DC      Filename: Reassessment Summary

# Apple Creek Developmental Center

## Part A: SIDLES v. SNOW

### Comparison of Consent Judgment to Actual Staff Employed

Resident Population Used for Computation: 131 Four Week Report Number: 359

Category Breakdowns: Last Date of Data Collection: 2/21/2004

Category Type: # of Individuals Ratios

Category I	131	1 staff to 1 individual
Category II	0	1 staff to 1.25 individuals
Category III	0	1 staff to 2.5 individuals
Total	131	

Number of School Age Individuals: 0

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
LB.1.	Maintain at the Apple Creek Developmental Center the following ratios of staff as compared to the number of mentally retarded and developmentally disabled persons residing there.					
	a. Direct Care	Direct Care staff consists of one hundred percent (100%) of the time worked by Therapeutic Program Workers; fifty percent (50%) of the time worked by Residential Care Supervisors and one hundred percent of the time worked by Licensed Practical Nurses if they are not filling Registered Nurse vacancies.		Residential Care Supervisor (Total of 12; 50% are counted towards direct care)  (Total 100% counted towards direct care)  Licensed Practical Nurse 13.5 - (1.94 filling in for Registered Nurse Vacancies) 11.56  <b>Grand Total Direct Care =</b>	7.00  142.00  12.06  <b>161.06</b>	<b>30.06</b>
<u>Category</u>	<u># of Individuals</u>	<u>Category Ratios</u>				
Category I	131	1 staff to 1 individual (1:1) =	131.00			
Category II	0	1 staff to 1.25 indiv. (1:1.25) =	0.00			
Category III	0	1 staff to 2.5 individuals (1:2.5) =	0.00			
	<b>131</b>	<b>Category Total =</b>	<b>131.00</b>			



Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
I.B.1.	b. Registered Nurses	1 staff: 15.04 residents	8.71	PS/MR Nurse Manager PS/MR Nurse Licensed Practical Nurse  (total 13.5-11.56 counted in DCS)  <b>TOTAL</b>	1.00 6.50 1.94  <b>9.44</b>	<b>0.73</b>
	c. Psychologists	1 staff: 49.43 residents	2.65	Psychology Assistant 1 Psychology Supervisor Psychology Assistant 2  <b>TOTAL</b>	1.00 1.00 1.00  <b>3.00</b>	<b>0.35</b>
	d. Social Workers	1 staff: 49.43 residents	2.65	Social Worker Supervisor 1 Social Worker 2  <b>TOTAL</b>	1.00 0.00  <b>1.00</b>	<b>-1.65</b>
	e. Special Educators	1 staff: 15.73 residents	8.33	Voc. Hab. Specialist 1  <b>TOTAL</b>	0.00  <b>0.00</b>	<b>-8.33</b>



Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
	f. Physical Therapist Assistants	1 staff: 115.33 residents	1.14		0.00	-1.14
	g. Occupational Therapists	1 staff: 144.17 residents	0.91	O.T. / O.T Assistant	1.00	0.09
	h. Dentists/ Hygienists	1 staff: 173.00 residents	0.76	Dentist	0.50	
				<b>TOTAL</b>	<b>0.50</b>	<b>-0.26</b>
	i. Speech/Hearing Professionals	1 staff: 69.20 residents	1.89	Speech Language Pathologist	1.00	
				<b>TOTAL</b>	<b>1.00</b>	<b>-0.89</b>
	j. Pharmacists	1 staff: 173.00 residents	0.76	Pharmacy Supervisor Pharmacist 1	0.00 0.00	
				<b>TOTAL</b>	<b>0.00</b>	<b>-0.76</b>
	k. Pharmacy Aides	1 staff: 173.00 residents	0.76	Pharmacy Attendant	0.00	-0.76

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
	l. Special Education Support Staff	1 staff: 9.89 residents	13.25	Rehabilitation Aide Therapeutic Program Worker Activity Therapy Specialist 1  <b>TOTAL</b>	5.00 5.00 2.00  <b>12.00</b>	    <b>-1.25</b>
	m. Vocational Therapists	1 staff: 115.33 residents	1.14	Voc. Hab. Specialist 2	3.00	<b>1.86</b>
	n. Recreational Therapists	1 staff: 43.25 residents	3.03	General Activity Therapist 1 Activity Therapy Specialist  <b>TOTAL</b>	1.00 1.00  <b>2.00</b>	   <b>-1.03</b>
	o. Physicians	1 staff: 64.92 residents	2.02	Physician Adm Physician Physician (On Duty) Physician (On Call)  <b>TOTAL</b>	0.50 1.00 0.00 1.61  <b>3.11</b>	     <b>1.09</b>

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
<b>I.B.2</b>	Maintain at ACDC the following fixed number of staff:					
	a. Radiologists	Maintain 1.05	1.05		0.00	-1.05
	b. Physical Therapists	Maintain 1.00	1.00	Physical Therapists (Contract)	0	-1.00
	c. Medical Specialists	Maintain 0.05	0.05	Psychiatrists (Contract)	0.06	0.01
<b>I.B.4</b>	Maintain at ACDC the following ratios of staff compared to the number of mentally retarded/developmentally disabled persons residing there:					
	a. Laundry Worker	1 staff 31.45 residents	4.17		0.00	-4.17
	b. Housekeepers	1 staff 12.8 residents	10.23	Custodial Worker	10.50	0.27

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
	c. Maintenance Workers	1 staff: 10.17 residents	12.88	Administrative Assistant 2 Maintenance Repair Worker 2 Carpenter 2 Delivery Worker Air Quality Technician 1	1.00 6.00 1.00 3.00 0.00	
				<b>TOTAL</b>	<b>11.00</b>	<b>-1.88</b>
	d. Dietary Workers	1 staff: 9.88 residents	13.26	Dietitian Food Service Manager 2 Food Service Supervisor Cook 1 Food Service Worker	0.50 1.00 2.00 3.00 9.50	
				<b>TOTAL</b>	<b>16.00</b>	<b>2.74</b>

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
	e. Commissary Workers	1 staff: 57.66 residents	2.27			
				<b>TOTAL</b>	<b>0.00</b>	<b>-2.27</b>
<b>I.B.5</b>	Chaplaincy Services	1 staff: 173.00 residents	0.76		0.00	-0.76
<b>I.B.3</b>	Maintain at ACDC an overall ratio of staff compared to the number of mentally retarded/developmentally disabled persons.					
		1,875 staff: 1 resident	245.63	<u>Administrative</u> Institution Superintendent 3 Mental Health Administrator 5 Mental Health Administrator 3 Mental Health Administrator 2 Human Resources Administrator 1 Business Administrator 3 Administrative Assistant 2 Qualified MR Professional Social Program Coordinator Residential Care Supervisor (Total 12 - 50% counted in DCS)	1.00 1.00 1.00 1.00 0.50 1.00 3.00 8.00 1.00 7.00	
				<b>TOTAL</b>	<b>24.50</b>	<b>N/A</b>
			N/A	<u>Staff Development</u> Trainer	1.00	N/A

Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
			N/A	<u>Volunteer Services</u> Volunteer Coordinator 2	0.00	N/A
			N/A	<u>Foster Grandparents</u> Casual Employee Necessary	1.00	N/A
				<u>Human Resources</u> Personnel Officer 2 Human Resources Specialist 1 <b>TOTAL</b>	1.00 1.00 <b>2.00</b>	N/A
			N/A	<u>Clerical</u> Secretary Account Clerk 2 Office Assistant 2 Office Assistant 3 Word Processing Specialist 2 <b>TOTAL</b>	2.00 3.00 0.00 1.00 3.00 <b>9.00</b>	N/A
			N/A	<u>Switchboard</u> Telephone Operator 1	1.00	N/A
			N/A	<u>Security</u> Police Officer 2	2.00	N/A
			N/A	<u>Storeroom</u>	0.00	
				<b>TOTAL</b>	<b>0.00</b>	N/A



Apple Creek Developmental Center  
 Part A: Sidles v. Snow  
 Comparison of Consent Judgment to Actual Staff Employed

I	II	III	IV	V	VI	VII
Consent Judgment Paragraph	Subject of Paragraph	Standard/Reference Utilized for Computation of staff by Paragraph	Staff Required by Paragraph	Classifications Utilized Under Consent Judgment Paragraph	Total # of FT/PT Positions Filled by Paragraph	Difference between Column I and VI
		Total # of staff required in paragraphs I.B.1, I.B.2, I.B.4 & I.B.5	224.65	Total # of full-time/part-time positions filled by paragraph I.B.1, I.B.2, I.B.4 & I.B.5	234.67	10.02
				Total # of full-time/part-time positions not specifically required by paragraph	40.50	
		Total # of over all staff required in paragraph I.B.3	245.63	Total # of full-time/part-time employees at Apple Creek Developmental Center	275.17	29.55

I have recorded the above information and do hereby affirm that it is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 David A. Lynch, Human Resources Administrator

\_\_\_\_\_  
 Date

I have reviewed this report and do hereby affirm that the information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 William Green, Superintendent

\_\_\_\_\_  
 Date

## Appendix 10-1

### Assumptions Employed in Estimates of Reductions in Purchasing Power in Local Economies Associated with Job Loss

The U.S. Bureau of Labor Statistics (BLS) conducts periodic surveys of workers who are displaced from a job after at least three years of service. The most recent survey results are reported in articles published in *Monthly Labor Review*, a U.S. Department of Labor publication. The results of these surveys served as the basis for several assumptions employed by LSC staff in estimating the reduction in purchasing power in local economies due to the loss of jobs at the Apple Creek and Springview developmental centers.

LSC staff estimated the percentage of payroll at each developmental center that was associated with staff who would either retire or retain a job with the Department at another developmental center (and continue to live in the local economy).<sup>1</sup> The following table presents the key assumptions used in determining the subsequent labor market experience of other Apple Creek and Springview staff, and the findings of the two most recent BLS surveys. That experience underpins the estimate of income loss for those staff members who are estimated to go on to find a new job in the local economy.

Variable Description	Assumed Percentage	Percentage from	
		Helwig (2001) <sup>2</sup>	Hipple (1999) <sup>3</sup>
<b>Percentage of staff who...</b>			
move out of the community	8.9	7.9	8.9
remain unemployed for over a year	22.1	22.1	17.5
<b>Percentage of those remaining who...</b>			
find a job within 5 weeks	44.4	49.1	44.4
take between 5 and 14 weeks to find a job	17.8	22.1	17.8
take between 14 and 26 weeks to find a job	15.5	13.0	15.5
take more than 26 weeks to find a job	22.2	15.8	22.2

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<sup>1</sup> The assumptions underlying these stages of the estimation process are explained in the Section 10 of the report itself.

<sup>2</sup> Helwig, Ryan T. (June 2001). *Worker Displacement in a Strong Labor Market*. **Monthly Labor Review**, 13-28.

<sup>3</sup> Hipple, Steven. (July 1999). *Worker Displacement in the Mid-1990s*. **Monthly Labor Review**, 15-32.

Those workers who are assumed to find a job within five weeks are assumed to lose two and one-half weeks of income. Workers who are assumed to find a job after five weeks of unemployment but before 14 weeks are assumed to lose nine and one-half weeks of income. Workers who are assumed to find a job after 14 weeks of unemployment but before 26 weeks are assumed to lose 20 weeks of income. Workers unemployed for over 26 weeks are assumed to lose 39 weeks of income. Staff that are assumed to find a job are assumed to find one that pays the same as their job at the developmental center; both surveys find that the (slight) majority of displaced workers who find a job find a higher-paying one.<sup>4</sup>

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<sup>4</sup> This section does not assume that developmental center staff find jobs in the same field. As Section 6 of this study explains, the state pays more than most private employers for several job classifications employed in the field of residential care for individuals with mental retardation or other developmental disabilities.

## Appendix 11-1

<b>CURRENT CENSUS Vs. REASONABLE CAPACITY</b>			
<b>House</b>	<b>Current Census</b>	<b>Reasonable Capacity</b>	<b>Available Capacity</b>
<b>APPLE CREEK</b>			
Cortland	40	64	24
Jonathan	21	48	27
Ruby	70	96	26
<b>Total</b>	<b>131</b>	<b>208</b>	<b>77</b>
<b>CAMBRIDGE</b>			
Brown	28	29	1
Lankenau	15	16	1
Moore	27	32	5
Rudolf	15	16	1
Steele	28	29	1
<b>Total</b>	<b>113</b>	<b>122</b>	<b>9</b>
<b>COLUMBUS</b>			
Carlson	21	26	5
Cedargrove	32	32	0
Parkside	32	32	0
1700	16	16	0
1720	16	16	0
1740	16	16	0
1760	15	16	1
<b>Total</b>	<b>148</b>	<b>154</b>	<b>6</b>
<b>GALLIPOLIS</b>			
6038	17	16	-1
6039	17	16	-1
6040	17	16	-1
6041	16	16	0
6042	31	32	1
6043	31	32	1
6044	15	32	17
6045	17	16	-1
6046	15	16	1
6047	17	16	-1
6048	14	16	2
6050	31	32	1
<b>Total</b>	<b>238</b>	<b>256</b>	<b>18</b>

<b>CURRENT CENSUS Vs. REASONABLE CAPACITY</b>			
<b>House</b>	<b>Current Census</b>	<b>Reasonable Capacity</b>	<b>Available Capacity</b>
<b>MONTGOMERY</b>			
House 3	17	16	-1
House 4	15	16	1
House 5	16	16	0
House 6	8	8	0
House 7	16	16	0
House 8	17	16	-1
House 9	16	16	0
<b>Total</b>	<b>105</b>	<b>104</b>	<b>-1</b>
<b>MOUNT VERNON</b>			
Jefferson	16	16	0
Jones	31	32	1
Lincoln	16	16	0
Rian	112	115	3
Snyder	32	32	0
Washington	16	16	0
<b>Total</b>	<b>223</b>	<b>227</b>	<b>4</b>
<b>NORTHWEST</b>			
601	14	30	16
602	18	18	0
603	17	18	1
604	17	18	1
605	19	18	-1
606	17	18	1
607	18	18	0
608	18	18	0
609	17	18	1
<b>Total</b>	<b>155</b>	<b>174</b>	<b>19</b>
<b>SOUTHWEST</b>			
100	16	16	0
200	17	16	-1
300	15	16	1
400	16	16	0
500	14	16	2
600	15	16	1
700	14	16	2
<b>Total</b>	<b>107</b>	<b>112</b>	<b>5</b>

<b>CURRENT CENSUS Vs. REASONABLE CAPACITY</b>			
<b>House</b>	<b>Current Census</b>	<b>Reasonable Capacity</b>	<b>Available Capacity</b>
<b>SPRINGVIEW</b>	60	90	30
<b>TIFFIN</b>			
Garza	85	96	11
Nevada	36	48	12
Oklahoma	7	7	0
California	6	7	1
Utah	37	48	11
Rode Island	6	7	1
Massachusetts	6	7	1
<b>Total</b>	<b>183</b>	<b>220</b>	<b>37</b>
<b>WARRENSVILLE</b>			
House 1	15	16	1
House 2	14	16	2
House 3	28	32	4
House 4	24	32	8
House 5	29	32	3
House 6	30	32	2
House 7	28	32	4
House 8	30	32	2
House 9	29	32	3
<b>Total</b>	<b>227</b>	<b>256</b>	<b>29</b>
<b>YOUNGSTOWN</b>			
Building 2	9	9	0
Building 3	9	9	0
Building 7	28	27	-1
Building 8	19	18	-1
Building 9	18	18	0
Building 10	18	18	0
Building 12	18	18	0
<b>Total</b>	<b>119</b>	<b>117</b>	<b>-2</b>
<b>D.C. TOTAL</b>	<b>1809</b>	<b>2040</b>	<b>231</b>

**CURRENT:** The current census of each house from the February 23, 2004 License Capacity Report.

**REASONABLE** A reasonable census capacity for each house. Parameters included not opening old buildings and not utilizing multi-stories not currently in use. Rian is maintained at the current level.

**OTHER INFORMATION:** 1. The filling of houses largely negates recent efforts to eliminate four person bedrooms.



## Appendix 13-1

Table 1. The break down of the estimated cost reduction from the proposed closure of Springview Developmental Center for FY 2004 to FY 2007.

Springview  Change in Operating Costs	Fiscal Year 2004			Fiscal Year 2005		
	Without Closure	With Proposed Closure	Difference	Without Closure	With Proposed Closure	Difference
Personal Service	\$9,372,707	\$9,214,841	\$157,866	\$9,564,375	\$4,087,159	\$5,477,216
Maintenance & Supplies	\$1,270,000	\$1,001,525	\$268,475	\$1,270,000	\$801,220	\$468,780
Equipment	\$120,750	\$72,787	\$47,963	\$120,750	\$49,287	\$71,463
<b>Total Operating Costs</b>	<b>\$10,763,457</b>	<b>\$10,289,153</b>	<b>\$474,304</b>	<b>\$10,955,125</b>	<b>\$4,937,666</b>	<b>\$6,017,459</b>
<b>Determination of State Share of Difference</b>						
20.39% Nonreimbursable Due to Ceilings			\$96,711			\$0
1% Nonreimbursable			\$4,743			\$60,175
<b>Total Eligible for Federal Reimbursement</b>			<b>\$372,850</b>			<b>\$5,957,284</b>
Total Eligible for Federal Reimbursement-State Share			\$152,011			\$2,401,977
<b>Savings (State Match + Nonreimbursables)</b>			<b>\$253,465</b>			<b>\$2,462,152</b>
<b>Additional Costs Due to Closing</b>						
Continuing Costs					\$260,150	
Lost Federal Reimbursement, Bond Interest Expense					\$34,757	
Lost Federal Reimbursement, Depreciation Expense					\$180,946	
Early Retirement					\$373,265	
Unemployment					\$644,917	
<b>Total Additional Costs Due to Closing</b>					<b>\$1,494,035</b>	<b>\$1,494,035</b>
<b>Net Cost Reduction</b>			<b>\$253,465</b>			<b>\$968,116</b>

Table 1 continued.

Springview  Change in Operating Costs	Fiscal Year 2006			Fiscal Year 2007		
	Without Closure	With Proposed Closure	Difference	Without Closure	With Proposed Closure	Difference
Personal Service	\$10,106,594	\$0	\$10,106,594	\$10,710,001	\$0	\$10,710,001
Maintenance & Supplies	\$1,270,000	\$0	\$1,270,000	\$1,270,000	\$0	\$1,270,000
Equipment	\$120,750	\$0	\$120,750	\$120,750	\$0	\$120,750
<b>Total Operating Costs</b>	<b>\$11,497,344</b>	<b>\$0</b>	<b>\$11,497,344</b>	<b>\$12,100,751</b>	<b>\$0</b>	<b>\$12,100,751</b>
<b>Determination of State Share of Difference</b>						
20.39% Nonreimbursable Due to Ceilings			\$0			\$0
1% Nonreimbursable			\$114,973			\$121,008
<b>Total Eligible for Federal Reimbursement</b>			<b>\$11,382,371</b>			<b>\$11,979,744</b>
Total Eligible for Federal Reimbursement-State Share			\$4,589,372			\$4,830,233
<b>Savings (State Match + Nonreimbursables)</b>			<b>\$4,704,345</b>			<b>\$4,951,240</b>
<b>Additional Costs Due to Closing</b>						
Continuing Costs		\$326,150			\$326,150	
Lost Federal Reimbursement, Bond Interest Expense		\$69,515			\$69,515	
Lost Federal Reimbursement, Depreciation Expense		\$361,892			\$361,892	
Early Retirement						
Unemployment		\$43,641*				
<b>Total Additional Costs Due to Closing</b>		<b>\$801,198</b>	<b>\$801,198</b>		<b>\$757,557</b>	<b>\$757,557</b>
<b>Net Cost Reduction</b>			<b>\$3,903,147</b>			<b>\$4,193,683</b>

\* Based upon an unemployment estimate of 9 staff for 13 weeks at \$373 per week.

For an explanation of the cost reduction calculations, please see Section 13 in the main body of the document.

Table 2. The break down of the estimated cost reduction from the proposed closure of Apple Creek Developmental Center for FY 2004 to FY 2007.

Apple Creek  Change in Operating Costs	Fiscal Year 2004			Fiscal Year 2005		
	Without Closure	With Proposed Closure	Difference	Without Closure	With Proposed Closure	Difference
Personal Service	\$19,540,777	\$17,576,198	\$1,964,579	\$19,955,026	\$13,852,754	\$6,102,272
Maintenance & Supplies	\$2,104,764	\$2,070,398	\$34,366	\$2,104,764	\$1,656,318	\$448,446
Equipment	\$111,467	\$51,185	\$60,282	\$111,467	\$51,185	\$60,282
<b>Total Operating Costs</b>	<b>\$21,757,008</b>	<b>\$19,697,781</b>	<b>\$2,059,227</b>	<b>\$22,171,257</b>	<b>\$15,560,257</b>	<b>\$6,611,000</b>
<b>Determination of State Share of Difference</b>						
1% Nonreimbursable			\$20,592			\$66,110
<b>Total Eligible for Federal Reimbursement</b>			<b>\$2,038,634</b>			<b>\$6,544,890</b>
Total Eligible for Federal Reimbursement-State Share			\$831,151			\$2,638,900
<b>Savings (State Match + Nonreimbursables)</b>			<b>\$851,743</b>			<b>\$2,705,010</b>
<b>Additional Costs Due to Closing</b>						
Continuing Costs						
Lost Federal Reimbursement, Bond Interest Expense						
Lost Federal Reimbursement, Depreciation Expense						
Early Retirement						
Unemployment						
<b>Total Additional Costs Due to Closing</b>						
<b>Net Cost Reduction</b>			<b>\$851,743</b>			<b>\$2,705,010</b>

Table 2 continued.

Apple Creek  Change in Operating Costs	Fiscal Year 2006			Fiscal Year 2007		
	Without Closure	With Proposed Closure	Difference	Without Closure	With Proposed Closure	Difference
Personal Service	\$20,985,892	\$5,677,139	\$15,308,753	\$22,281,284	\$0	\$22,281,284
Maintenance & Supplies	\$2,104,764	\$1,303,674	\$801,090	\$2,104,764	\$0	\$2,104,764
Equipment	\$111,467	\$25,000	\$86,467	\$111,467	\$0	\$111,467
<b>Total Operating Costs</b>	<b>\$23,202,123</b>	<b>\$7,005,813</b>	<b>\$16,196,310</b>	<b>\$24,497,515</b>	<b>\$0</b>	<b>\$24,497,515</b>
<b>Determination of State Share of Difference</b>						
1% Nonreimbursable			\$161,963			\$244,975
<b>Total Eligible for Federal Reimbursement</b>			<b>\$16,034,347</b>			<b>\$24,252,540</b>
Total Eligible for Federal Reimbursement-State Share			\$6,465,049			\$9,778,624
<b>Savings (State Match + Nonreimbursables)</b>			<b>\$6,627,012</b>			<b>\$10,023,599</b>
<b>Additional Costs Due to Closing</b>						
Continuing Costs		\$154,050			\$308,100	
Lost Federal Reimbursement, Bond Interest Expense		\$72,277			\$144,554	
Lost Federal Reimbursement, Depreciation Expense		\$218,633			\$437,267	
Early Retirement		\$1,791,594			\$0	
Unemployment		\$843,726			\$0	
<b>Total Additional Costs Due to Closing</b>		<b>\$3,080,280</b>	<b>\$3,080,280</b>		<b>\$889,921</b>	<b>\$889,921</b>
<b>Net Cost Reduction</b>			<b>\$3,546,732</b>			<b>\$9,133,679</b>

For an explanation of the cost reduction calculations, please see Section 13 in the main body of the document.

## Appendix 13-2

Table 1 displays how the Department calculated the waiver expenditure estimates. The Department used the current proposed schedule for the closure of Springview and Apple Creek. The assumption is made that clients moved to an IO Medicaid waiver instead of a CAM Medicaid waiver will remain below the state's share of the CAM waiver costs (\$35,000), but the state will pay for all of the transitional costs (\$3,500). Table 2 displays the capital expenditures associated with the waivers. The Department provided this data and LSC staff updated the tables with information as of March 24, 2004.

Table 1. State share of waiver costs with the proposed closure of Springview and Apple Creek not including capital costs.

Last Half FY 2004	IO Waiver Year 2004	IO Waiver Year 2004	CAM Waiver Year 2005	Last Half FY 2004 Totals
	1/1/2004 6/30/2004	3/1/2005 6/30/2005	5/1/2004 6/30/2004	
<b>Waiver Costs</b>	\$85,381	\$85,381	\$85,381	
<b>Number of Individuals Projected</b>	16 (4)*	13 (4)	4 (4)	
<b>State Match Percentage</b>	40.77%	40.77%	40.77%	
<b>Portion of Fiscal Year</b>	50.00%	33.15%	16.67%	<b>83.33%</b>
<b>State Match Dollars</b>	\$278,479	\$150,843	\$23,207	<b>\$452,529</b>
<b>Number of New Enrollees</b>	16 (4)	13 (4)	4 (4)	<b>33 (12)</b>
<b>One Time Start-Up Cost (\$3,500/person max)</b>	\$3,500	\$3,500	\$3,500	
<b>Total Start-Up Cost</b>	\$56,000	\$45,500	\$5,708	<b>\$107,208</b>
<b>Total State Funded</b>	<b>\$334,479</b>	<b>\$196,343</b>	<b>\$28,914</b>	<b>\$559,736</b>

\* The number in parentheses is the number of individuals from Apple Creek and Springview

Table 1 continued.

<b>FY 2005</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2006</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2006</b>	
	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>3/1/2005</b>	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>5/1/2005</b>	
	<b>9/30/2004</b>	<b>2/29/05</b>	<b>6/30/2005</b>	<b>9/30/2004</b>	<b>4/30/2005</b>	<b>6/30/2005</b>	
				<b>3 months FY 2005</b>	<b>7 months FY 2005</b>	<b>2 months FY 2005</b>	<b>FY 2005 Totals</b>
<b>Waiver Costs</b>	\$85,381	\$85,381	\$89,011	\$85,381	\$85,381	\$89,011	
<b>Number of Individuals Projected</b>	29 (4)*	29 (4)	29 (4)	20 (14)	55 (43)	72 (50)	
<b>State Match Percentage</b>	40.77%	40.32%	40.32%	40.77%	40.32%	40.32%	
<b>Portion of Fiscal Year</b>	24.93%	41.64%	33.15%	25.14%	58.08%	16.67%	<b>99.89%</b>
<b>State Match Dollars</b>	\$251,680	\$415,748	\$345,028	\$175,000	\$1,099,733	\$430,671	<b>\$2,717,221</b>
<b>Number of New Enrollees</b>	0	0	0	16 (10)	35 (29)	17 (7)	<b>68 (46)</b>
<b>One Time Start-Up Cost (\$3,500/person max)</b>	\$0	\$0	\$0	\$3,500	\$3,500	\$3,500	
<b>Total Start-Up Cost</b>	\$0	\$0	\$0	\$22,737	\$49,392	\$23,990	<b>\$96,119</b>
<b>Total State Funded</b>	<b>\$251,680</b>	<b>\$415,748</b>	<b>\$345,028</b>	<b>\$231,000</b>	<b>\$1,222,233</b>	<b>\$490,171</b>	<b>\$2,813,339</b>

\* The number in parentheses is the number of individuals from Apple Creek and Springview.



Table 1 continued.

<b>FY 2006</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2006</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2006</b>	
	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>3/1/2005</b>	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>5/1/2005</b>	
	<b>9/30/2004</b>	<b>2/29/05</b>	<b>6/30/2005</b>	<b>9/30/2004</b>	<b>4/30/2005</b>	<b>6/30/2005</b>	
				<b>3 months FY 2006</b>	<b>7 months FY 2006</b>	<b>2 months FY 2006</b>	<b>FY 2006 Totals</b>
<b>Waiver Costs</b>	\$89,011	\$89,011	\$92,793	\$89,011	\$89,011	\$92,793	
<b>Number of Individuals Projected</b>	29 (4)*	29 (4)	29 (4)	88 (56)	105 (63)	155 (63)	
<b>State Match Percentage</b>	40.32%	40.32%	40.32%	40.32%	40.32%	40.32%	
<b>Portion of Fiscal Year</b>	24.93%	41.64%	33.15%	25.14%	58.08%	16.67%	<b>99.89%</b>
<b>State Match Dollars</b>	\$259,484	\$433,424	\$359,688	\$793,878	\$2,188,752	\$966,532	<b>\$5,001,758</b>
<b>Number of New Enrollees</b>	0	0	0	16 (6)	17 (7)	50 (0)	<b>83 (13)</b>
<b>One Time Start-Up Cost (\$3,500/person max)</b>	\$0	\$0	\$0	\$3,500	\$3,500	\$3,500	
<b>Total Start-Up Cost</b>	\$0	\$0	\$0	\$22,579	\$23,990	\$70,560	<b>\$117,130</b>
<b>Total State Funded</b>	<b>\$259,484</b>	<b>\$433,424</b>	<b>\$359,688</b>	<b>\$816,457</b>	<b>\$2,212,742</b>	<b>\$1,037,092</b>	<b>\$5,118,887</b>

\* The number in parentheses is the number of individuals from Apple Creek and Springview.

Table 1 continued.

<b>FY 2007</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2005</b>	<b>IO Waiver Year 2006</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2005</b>	<b>CAM Waiver Year 2006</b>	
	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>3/1/2005</b>	<b>7/1/2004</b>	<b>10/1/2004</b>	<b>5/1/2005</b>	
	<b>9/30/2004</b>	<b>2/29/05</b>	<b>6/30/2005</b>	<b>9/30/2004</b>	<b>4/30/2005</b>	<b>6/30/2005</b>	
				<b>3 months FY 2007</b>	<b>7 months FY 2007</b>	<b>2 months FY 2007</b>	<b>FY 2007 Totals</b>
<b>Waiver Costs</b>	\$92,793	\$92,793	\$92,793	\$92,793	\$92,793	\$92,793	
<b>Number of Individuals Projected</b>	29 (4)*	29 (4)	29 (4)	155 (63)	155 (63)	155 (63)	
<b>State Match Percentage</b>	40.32%	40.32%	40.32%	40.32%	40.32%	40.32%	
<b>Portion of Fiscal Year</b>	24.93%	41.64%	33.15%	25.14%	58.08%	16.67%	<b>99.89%</b>
<b>State Match Dollars</b>	\$270,509	\$451,840	\$359,688	\$1,457,720	\$3,368,297	\$966,532	<b>\$6,874,587</b>
<b>Number of New Enrollees</b>	0	0	0	0	0	0	<b>0</b>
<b>One Time Start-Up Cost (\$3,500/person max)</b>	\$0	\$0	\$0	\$3,500	\$3,500	\$3,500	
<b>Total Start-Up Cost</b>	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Total State Funded</b>	<b>\$270,509</b>	<b>\$451,840</b>	<b>\$359,688</b>	<b>\$1,457,720</b>	<b>\$3,368,297</b>	<b>\$966,532</b>	<b>\$6,874,587</b>

\* The number in parentheses is the number of individuals from Apple Creek and Springview.

Table 2. The estimated capital expenditures on housing, residential renovation projects (RRP), and residential handicapped accessibility projects (RHAP). The Department also anticipates spending \$500,000 for Adult Services building renovations.

<b>FY 2004</b>	<b>Housing Cost</b>	<b>RRP</b>	<b>RHAP</b>	<b>Totals</b>
<b>Average Cost</b>	\$36,785.73	\$2,800.00	\$5,600.00	\$45,185.73
<b>Number of People</b>	29	29	29	29
<b>Total Cost</b>	\$1,066,786	\$81,200	\$162,400	<b>\$1,310,386</b>

<b>FY 2005</b>	<b>Housing Cost</b>	<b>RRP</b>	<b>RHAP</b>	<b>Totals</b>
<b>Average Cost</b>	\$36,785.73	\$2,800.00	\$5,600.00	\$45,185.73
<b>Number of People</b>	55	55	55	55
<b>Total Cost</b>	\$2,023,215	\$154,000	\$308,000	<b>\$2,485,215</b>

<b>FY 2006</b>	<b>Housing Cost</b>	<b>RRP</b>	<b>RHAP</b>	<b>Totals</b>
<b>Average Cost</b>	\$36,785.73	\$2,800.00	\$5,600.00	\$45,185.73
<b>Number of People</b>	50	50	50	50
<b>Total Cost</b>	\$1,839,287	\$140,000	\$280,000	<b>\$2,259,287</b>

<b>FY 2007</b>	<b>Housing Cost</b>	<b>RRP</b>	<b>RHAP</b>	<b>Totals</b>
<b>Average Cost</b>	\$36,785.73	\$2,800.00	\$5,600.00	\$45,185.73
<b>Number of People</b>	50	50	50	50
<b>Total Cost</b>	\$1,839,287	\$140,000	\$280,000	<b>\$2,259,287</b>