

# **HOW OHIO TRANSFORMED IT'S RESIDENTIAL SERVICES TO A PREVALANCE OF SUPPORTED LIVING OVER THE PAST TWENTY YEARS AND RANKS AS ONE OF THE TOP FOUR STATES IN THE NATION**

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In 1984, Hank Bersani of the University of Syracuse came to Butler County, a progressive south western Ohio county, and espoused a dream that individuals with disabilities could live in their own apartments, chose up to 2 or 3 others with disabilities with whom to live, chose the services and supports based on assessed needs, and to chose the providers of such services/supports. County boards of mental retardation and private service providers were largely negative toward these progressive thoughts as Ohio had just embarked on a new campaign of group home development with state sponsored funding. There also was fear of loss of control by professionals and providers including the boards of these proposed changes.

Shortly thereafter, having attended several national conferences and hearing about supported living as a visionary trend that was right for people with developmental disabilities, I brought to Ohio Derrick Dufresne of Community Resource Alliance for statewide, regional, and county specific presentations. Principally, these trainings were my effort to change the thinking and mindsets of otherwise progressive forces in Ohio away from congregate care toward community inclusion, self-determination, and planning centered on the person. By 1998, I put forward a resolution to the members of the county MR/DD boards for their support for legislation advancing supported employment.

I wrote a draft law, which was modeled on the Bersani concept for supported living. A major debate with then Director Robert Brown of the Ohio Department of MR/DD was whether supported living should be in rule or law. Mr. Brown was totally behind the supported living initiative but wanted the flexibility of state rules. I prevailed on this issue and a supported living law was amended in the Ohio Senate to a House passed Medicaid Certificate of Need bill. I was the sole testifier on the legislation, which became law in 1989 and was funded with about \$3 million of state general revenue funds. Counties, as contractors for these

services but not providers, put in money from local property tax levies as well. It was nationally, the first supported living law and it was my belief it would have more permanency and be less subject to whimsical change than if the definition were placed into Ohio Administrative Code (Rules).

In 1991, Ohio began writing its first Medicaid Home and Community-Based Services waiver for individuals with developmental disabilities. An administrative decision of Director Jerry Manuel of the ODMRDD was that existing congregate residential care was to be capped and all new residential supports under this waiver would be solely vested in supported living as defined in Ohio law. This was the same Jerry Manuel who in 1984 said to me “ I will kill you if you ever embrace that radical approach of Hank Bersani.” This first waiver initiative was capped at around 2,000 slots. Limited development occurred thereafter as state spending was not greatly expanding for MR/DD.

Additional training was conducted by bringing Derrick Dufresne and his colleague Robert Laux of Maine to conduct training on housing development, federal tax credits, and separating housing ownership from service provider control. Additionally, other gurus of community inclusion were brought to Ohio at conventions and other state-wide meetings. Among these were such national experts as Hank Bersani, Jerry Provencal of Michigan, Robin Cooper, Gary Smith, and Robert Gettings of the National Association of State Directors of Developmental Disability Services (NASDDDS), Alan Bergman of the National United Cerebral Palsy and National Brain Injury Associations, David Braddock, researcher at the University of Illinois at Chicago, as well as Robert Prouty and Amy Hewitt of the University of Minnesota.

There was also concerted regional training at ten sites for three days each for 500 executives and management staff of county MR/DD boards on managing organizational change under “Managing at the Speed of Change” with Kenneth Mennella of New York. This training assisted management staff to establish a framework and foundation for the systems change that were about to unfold in Ohio.

In 1994, Ohio was still heavily congregate care in terms of its residential services offerings. In Braddock, et. al., within “The State of the States in Developmental Disabilities Services, 2008 are the following statistics for Ohio. Because supported living was vested under county MR/DD board administrative control by law, the availability of local monies from property tax dollars and the ODMRDD desire to have new residential development be solely within supported living, counties supplied the momentum to expand supported living.

<b>Ohio Residential Service/Supports</b>	<b>1994</b>	<b>Percent of Total</b>
16+ Persons	8,645	51.39%
Nursing Facilities	2,402	14.28%
State Institutions	2,184	12.98%
Private ICF/MR	3,851	22.89%
Other Residential	208	1.24%
7-15 Persons	3,068	18.24%
Public ICF/MR	0	0.00%
Private ICF/MR	1,811	10.77%
Other Residential	1,257	7.47%
6 Persons or less	5,109	30.37%
Public ICF/MR	0	0.00%
Private ICF/MR	149	0.89%
Supported Living	1,749	10.40%
Other Residential	3,211	19.09%
<b>TOTAL</b>	<b>16,822</b>	<b>100.00%</b>

By the year 2000, counties were putting in approximately \$110 million coupled with about \$40 million of state funding. Approximately, 5,000 individuals were being served with these supports. Still, the burgeoning need for residential supports far outstripped state and local resources.

In August 2000, I conceived of an idea to leverage the existing state and local resources under the Medicaid waiver to draw down federal Medicaid funds. Additionally, over \$400 million of mostly locally funded adult services could be leveraged within the waiver giving possibilities of over \$500 million of new federal funding.

With the blessings and support of ODMRDD Director Kenneth Ritchey and State Medicaid Director Jacqui Romer-Sensky, I collaborated with Robin Cooper in Madison, Wisconsin to write the model template for this action. Working collaboratively with executives of the ODMRDD, county MR/DD boards, providers, families and advocates, the governor's office and key legislators, the Cooper-Arndt plan of action was proposed and enacted into law. Over 200 pages of amendments were enacted into budget bills within the Cooper-Arndt

recommended principle of “Medicaid local administrative authority” putting up local matching funding and having local authority to oversee the program with contracting authority.

There was much conversion of existing state and locally funded supported living to the Medicaid waiver with additional expansion for thousands of other individuals. By 2006, Ohio’s residential service and support system was significantly changed from primarily congregate care to a community inclusive supported living system.

<b>Ohio Residential Service/Supports</b>	<b>2006</b>	<b>Percent of Total</b>
16+ Persons	6,798	22.83%
Nursing Facilities	2,337	7.85%
State Institutions	1,606	5.39%
Private ICF/MR	2,824	9.48%
Other Residential	31	0.10%
7-15 Persons	2,576	8.65%
Public ICF/MR	0	0.00%
Private ICF/MR	1,890	6.35%
Other Residential	686	2.30%
6 Persons or less	20,409	68.53%
Public ICF/MR	0	0.00%
Private ICF/MR	376	1.26%
Supported Living	15,985	53.67%
Other Residential	4,048	13.59%
<b>TOTAL</b>	<b>29,783</b>	<b>100.00%</b>

15,985 individuals (53.67%) now in Ohio reside in homes under their control, with services, providers and roommates chosen by them within communities of their choosing. Supported living since its enactment in 1989 has become the primary way to expand residential supports with congregate care being reduced and downsized.

Based on statistics from Braddock (2008) the following changes and trends have occurred in Ohio’s residential service and support system:

<b>Ohio Residential Service/Supports</b>	<b>Change</b>	<b>Percent 2006 vs 1994</b>	<b>Percent of Total</b>
16+ Persons	-1,847	-21.36%	-14.25%
Nursing Facilities	-65	-2.71%	-0.50%
State Institutions	-578	-26.47%	-4.46%
Private ICF/MR	-1,027	-26.67%	-7.92%
Other Residential	-177	-85.10%	-1.37%
7-15 Persons	-492	-16.04%	-3.80%
Public ICF/MR	0	0.00%	0.00%
Private ICF/MR	79	4.36%	0.61%
Other Residential	-571	-45.43%	-4.41%
6 Persons or less	15,300	299.47%	118.05%
Public ICF/MR	0	0.00%	0.00%
Private ICF/MR	227	152.35%	1.75%
Supported Living	14,236	813.95%	109.84%
Other Residential	837	26.07%	6.46%
<b>TOTAL</b>	<b>12,961</b>	<b>77.05%</b>	<b>100.00%</b>

Within Braddock Table 10, Ohio ranks second behind California in the numbers of individuals (15,965) living in supported living but is first in the actual dollars used for supported living at \$666.9 million, roughly \$41,773.

In comparison to other states as identified in Table 10SL Stats 2006 as excerpted from Braddock (2008), Ohio ranks third behind Iowa and Indiana in the number of participants versus the state's population. Ohio ranks fourth in total expenditures versus state population behind Maine, Iowa and Indiana. There are some states like Vermont and New Hampshire that are heavily vested in adult foster family and home based care. However, these supports are not necessarily permanent nor as enhancing of one's life as having a home under one's own control. Ohio far exceeds other states of comparable demographics on its development and implementation of supported living as reflected in these statistics. The past directors of the Ohio Department of MR/DD and the board members, executives and staff of Ohio's 88 county boards of mr/dd are to be

highly commended for embracing and advancing supported living to the benefit of nearly 16,000 Ohio citizens with developmental disabilities.

Reference Braddock, David, Hemp, Richard, Rizzolo, Mary C. "The State of the States in Developmental Disabilities. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, The University of Colorado, 2008, pages 37 and 244