

From Your President...

By Elizabeth Prather, Richland County Board of MRDD

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Thirty one participants led by Susan Dlouhy, mapped out the direction for OAAS during the “*strategic thinking*” session held April 7, 2006. There was lively discussion about what is working and what is not working. Much frustration was expressed regarding external influences that hinder the mission of our business. As expressed by one member, these days “public policy seems to be done on an etch-a-sketch.” That can make our jobs a challenge to say the least. However, it was evident that the members participating have a passion for doing what is best for the individuals we support and serve.

Initial discussion was initiated with the following question: “What are the immediate implications of current administrative rules and known draft rules on your Adult Service program?”

Most of the discussion surrounded the future adult waiver services array. How will we implement this waiver? Participants expressed concerns about documentation, training, transition,

and fiscal implications. The waiver may have free choice of provider but seems to be moving away from self-determination by labeling and grouping people based on their acuity. We are concerned that creative services could be lost.

We talked about identifying core competencies and expanding service “niches”. Will County Boards become providers of last resort? And with all the emphasis on waivers, what will happen to the individuals that are not on waivers? Quality services are the goal, but members expressed concern that the new quality initiative may be complicated and require more people to implement, taking away from direct services.

The Mission of OAAS, “To be the voice of adult services in Ohio; to provide support and leadership and to promote quality services that are responsive to the needs and choices of individuals served”, was reviewed and no changes were recommended.

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We then looked at our current initiatives and issues in order to prioritize the agenda for OAAS. The following bullet points summarize the priorities of the participants.

- **Communication:** Members need a clearinghouse for dissemination of information, including rules, implications, best practices and member surveys.
- **Self-Determination:** OAAS should continue the integrity of self-determination – how to embrace it and promote it within Adult Services.
- **Training:** Members need up to date training. Immediate areas identified included: transitioning youth, vocational services, implementation of rules and waivers, quality and core competencies, and needs assessments.
- **SSA/Adult Services:** OAAS should continue to assist in identifying roles, best practices, ISP process and training.
- **Business:** Initial focus should be on assisting members with the business function of the waiver.

The Board will be looking at the work done by the group and craft a plan for the Association. Information will continue to be shared through regional meetings, email and the website. Thank you to all of the members who took time from their day to day business to participate in the planning session. Great job!

“Whenever you are asked if you can do a job, tell ‘em, ‘Certainly I can!’ Then get busy and find out how to do it.” Theodore Roosevelt.

MIAMI VALLEY INDUSTRIES IS NOW CONNEX GROUP

Miami Valley Industries (MVI), the non-profit corporation affiliated with the Butler County Board of MRDD, recently merged with RADD, Residential Alternative for Individuals with Developmental Disabilities. The new non-profit corporation is called Connex Group – Connecting you with life’s opportunities.

Prior to their January 2006 merger, MVI and RADD each had an established presence in the Butler County community. For 35 years MVI had provided employment related services to individuals with disabilities; mostly persons with mental retardation. Started in 1991, RADD provided in-home support to individuals who wanted to live independently in the community. To reduce costs and increase available services, in 2000 MVI and RADD began partnering. In mid 2005 the two agencies merged, finally incorporating as one non-profit organization in January 2006. Teri Shirk, former director of MVI, is Connex Group’s CEO.

Connex Group offers a full spectrum of services – employment, residential, leisure and recreation, and transportation. Connex Group serves as the non-profit corporation for two Butler County Board of MRDD training centers. The new organization also independently operates two centers that focus only on work services. Connex also has seven work crews located in the community. Connex Group serves consumers from both Butler and Hamilton counties.

NETTING BIG BUSINESS IN CLARK COUNTY

By Terri O'Connell, Editor, OAAS Leader

TAC employee Carol Evans commands her \$12,000 sewing machine with all the confidence, skill, and speed of a seasoned NASCAR driver. With flawless economy of motion she inserts a new bobbin, positions the pressure plate, and presses the foot pedal to make "the sew." This "sew" and the 849 others she will make today must be perfect. The cargo secured by this net must survive its fall from an aircraft hold and the subsequent parachute landing. This net could be called upon to deliver medical supplies to US field troops, food to hurricane survivors, or tents to homeless tsunami victims. There is no room for error - this is critically important work.

One of the first work centers in Ohio to be awarded a NISH set-aside contract, Clark County's TAC Industries has been repairing cargo nets for the US Air Force since 1982, saving the military \$22.2M over the course of the project. TAC's twenty-three year record of excellence in net repair service was acknowledged by a new business opportunity in 2005. Increased demand brought on by the Iraq war prompted the Air Force to contract with TAC for the manufacture of new cargo nets. Today a workforce of 168 TAC (consumer) employees, 34 TAC associates, and 17 temps work 242 days a year in two 6 ½ to 8 hour shifts to manufacture 9,000 cargo nets and repair another 2000 each month. TAC (consumer) employees are paid on a piece-rate basis with gross annual wages as high as \$13,000 a year. Due to high volume requirements Riverside Industries (Miami County) recently came onboard as a TAC subcontractor. TAC also provides vocational work opportunities for the Adult Services facility of the county board of MRDD, in Springfield.

But this project almost didn't happen. Prior to 1982 worn cargo nets were a throw away item for the military. A parent and Wright-Pat employee

serving on the TAC board recommended that TAC investigate cargo net repair as a NISH project.

Mary Brandstetter, Adult Services Director, recalls that initially it took eight staff members one month to repair a cargo net to government specifications. The numerous decision points and subtle judgments required for cargo net repair caused many staff members to pronounce the project as unfeasible for workshop employees. Despite doubt, TAC continued to pursue the project. Their risk was rewarded when training and opportunity yielded TAC (consumer) employees fully capable of scrutinizing all decision points, making correct repair/replacement decisions, and meeting all operating standards.

Managing and operating a project of this magnitude and TAC's other active business lines requires a strong infrastructure. TAC's industrial operations are housed in a 100,000 square-foot building leased by TAC, and a second 56,000 square-foot facility leased from Clark County. The cargo net division is ISO 9000-2000 certified. TAC has invested heavily in equipment. The cargo net operation alone utilizes 25 sewing machines each costing \$12,000 when new. As a prime manufacturer TAC purchases rolls of nylon webbing and hardware up-front for new nets, making cash flow and credit management critical. A system for electronic customer communications and billing is also maintained.

TAC's successful business operation requires both an investment in personnel and excellent cooperation between the county board of MRDD and the non-profit board. By agreement TAC reimburses the Clark County Board of MRDD for board employees assigned to industrial operations. The county MRDD board "credits" TAC the cost of building and occupancy utilized for habilitation functions. TAC employs 34 associates directly.

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Cliff Meyer, TAC's general manager, indicates that TAC's success is predicated on the strategic decision "to operate as a business and focus on our mission." Absent that clear commitment a work center cannot move forward. To achieve competitive, state-of-the-art manufacturing practices, the business must continuously improve quality. Last year TAC started to disassemble, replate, and reassemble rusted hardware salvaged from repaired nets. This smart initiative reduced TAC's cash outlays, yielded additional work for TAC employees and saved the Air Force an additional \$100 K per year. Recently Manufacturing Manager Butch Sneed and Business Operations Manager Greg Gearhart designed a new conveyor system that will improve the efficiency of TAC's already well-honed operation.

Meyer identifies active and accurate communication throughout the entire organization as fundamental to good operations. The ability to respond quickly to changing customer demands is also imperative according to Meyer. During the 1991 Gulf War TAC doubled production with just a 30-day notice. Finally, the work center must always be planning for the future. Meyer has several lines of business in development and/or expansion, including digital imaging. Other successful TAC product lines include metal fabrication, part setting, finished goods assembly, wood products, kitting and packaging

For additional information please visit the web at www.tacind.com



Carol Evans, TAC Employee works on cargo net contract.

YOU ASKED FOR IT!

Mike Mehalik (Jefferson County) recently requested information about how adult programs handle consumers' personal funds. Seventeen OAAS members responded and a variety of practices were reported. Management of consumers' personal funds is an important area of operations. Misappropriation of funds is an MUI. The Licensure Rule (OAC 5123:2-3-14) identifies procedures and practices required of licensed providers for the oversight and management of an individual's personal funds and how to best meet those requirements. Even though there are no equivalent rules that apply to non-licensed providers, the same criteria are encouraged as "best practices." It is reasonable to expect that Service and Support Administrators will expect all providers to meet the same standard.

Taking the best of the rest, a good personal funds management process includes the following elements.

1. A written policy/procedure directed to receipt and disbursement of consumers' personal funds. The policy/procedure should identify:
 - Who must deliver personal funds to your program and by what route
 - How much money you will manage – a day's requirement, a week's requirement, a month's requirement, a balance no higher than X dollars
 - The form in which funds must be received. One program requires that money be delivered in the same denominations as needed for disbursement.
 - A prohibition against borrowing from personal funds
 - Who in your program is authorized to receive personal funds. Survey responses included accountant, secretary, business office, and habilitation manager
 - How receipt of funds will be documented. Most survey respondents issue a written receipt. One program requires that the receipt be signed by both the person who delivers the funds and the staff member who receives it.
 - How personal funds will be secured and how access will be controlled and documented. Survey respondents secure personal funds in locked safes, locked fire-proof file cabinets, locked file cabinets, and locked desk drawers.
 - How and when transactions will be documented. You should be able to track movement of personal funds from delivery to your program through consumer expenditure. Each consumer for whom you handle personal funds should have a personal funds transaction record. The record should include the consumer's name, amount and date personal funds are received/dispensed, source of funds received, the signature or initials of the person receiving/dispensing the funds, and balance. One program requires the consumer to sign when given personal funds for expending.
 - How and when an expenditure of personal funds will be documented. Expenditure documentation should describe the purchase and indicate the date and amount of purchase. Survey respondents use a variety of methods to document expenditures - notation to the individual's personal funds ledger, actual receipt from vendors, and service and support documentation.
 - How often, and by whom, individual personal funds accounts will be reconciled and how the reconciliation will be documented. The person who reconciles the account should be someone other than the person(s) who record transactions.
2. An assessment that indicates the consumer's need for assistance to handle personal funds. The IP should indicate the parameters of the assistance to be provided.
3. Distribution of your policy and procedure to consumers, families, program staff, transportation and residential providers. Include your policy in the consumer handbook.
4. Provide and document staff training. Include training in new staff orientation.
5. Be consistent in policy and procedure implementation.
6. Update your policy as you learn from practice.

THE INVESTIGATIVE AGENT – *What Adult Services Should Know*

By Terri O'Connell, Editor, OAAS Leader

County Boards of MRDD have responsibility to ensure the health and safety of all consumers. The requirements for reporting, investigating, reviewing, and remedying incidents that adversely affect consumers' health and safety, and to monitor preventative actions, are specified in rule 5123:2-17-02 - Incidents adversely affecting health and safety. The rule requires that county boards employ at least one Investigative Agent (IA) or contract with a person or government entity, including another county board or a regional council of government, for IA services.

The IA role was established to eliminate conflict of interest inherent to conducting investigations while also being responsible for services and supports for individuals. An IA must be able to conduct an impartial investigation that seeks to determine the facts without being influenced by other responsibilities or by a supervisor who may have conflicting duties. Persons who serve in the role of IA may not perform other duties. The supervisor of an IA may not supervise anyone responsible for direct services. The position of IA is designated by law as a management employee.

IA's are trained in specific investigation and reporting protocols and must be certified by ODMRDD. All Major Unusual Incidents (MUI) must be investigated by an IA. It is permissible for an IA to accept investigations conducted by other entities as long as those investigations are consistent with the protocols outlined in the rule. Only an IA can recommend that an MUI be closed.

An MUI is an alleged, suspected or actual occurrence of an incident that can reasonably be expected to result in harm to the individual. Only an IA can determine if an incident is an MUI so always err on the side of caution when reporting. Any incident that could potentially be an MUI should be reported. MUI categories are:

1. Physical abuse is the use of physical force that can reasonably be expected to result in physical harm.
2. Sexual abuse is unlawful sexual contact/conduct.
3. Verbal abuse is using words or gestures to threaten, coerce, intimidate, harass or humiliate an individual.
4. Misappropriation is when an individual is deprived, defrauded or incurs a loss of real or personal property.
5. Neglect is when there is a duty to do so, failing to provide an individual with any treatment, care, goods, and/or supervision or services necessary to maintain health and safety.
6. Death due to any cause is an MUI.
7. Attempted suicide is when any actual physical attempt is made to end one's life regardless of whether harm resulted.

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8. Relocation means any fire, natural disaster, or mechanical failure at any place at which the individual receives services that results in overnight relocation or the inability to provide services for at least 24 hours.
9. A missing person is an individual who cannot be located for more than eight hours unless that person's IP states differently, prior arrangements were made, the individual is in immediate danger, or law enforcement has been contacted.
10. A medical emergency is the sudden onset of a medical condition that requires emergency medical intervention.
11. An unplanned or unscheduled hospital admission that is not expected as part a person's medical condition and not included in the person's IP under specific criteria as to when a person would be admitted.
12. An injury of unknown or suspicious origin that requires treatment that only a physician, physician's assistant or a nurse practitioner can provide OR of a known or non-suspicious origin that has a significant impact on the individual's health.
13. Behavior support is any method, including restraint and time-out that is implemented in a manner prohibited by rule.
14. A rights violation that results in an adverse affect on an individual's health and safety is an MUI.
15. A series of incidents that are similar, unusual incidents that may have an impact on health and safety as determined during the weekly review of unusual incidents represent an MUI.
16. Failure to report is when a required reporter unreasonably fails to report a situation when there is a substantial risk of harm to the individual.
17. Prohibited sexual relations occur when an individual with MRDD is having consensual sexual relations with the staff that is hired to care for them.
18. A law enforcement MUI results from an individual's arrest, charge, or incarceration.

Providers are required to report MUI's to the county board no later than 5:00 p.m. the next working day following the provider's initial knowledge of an MUI. When an MUI 1)requires notification of law enforcement or a public children services agency, or 2) raises immediate concerns regarding an individual's health and safety, or 3) has not previously been reported and a provider receives inquiries about it from the media, the provider must contact the county board immediately. Adult services is a provider under the rule, whether provided by the county board or a contracting entity.

Next Issue: More provider responsibilities under the incident reporting system.

Visit the OAAS website at

www.oaas.org

The Ohio Workers' Compensation Success Story

by Dave Kiley, CompManagement

Lost in the plethora of recent media coverage surrounding the Ohio Bureau of Workers' Compensation (BWC) has been a story of tremendous success. Since 1997, the state has partnered with Managed Care Organizations (MCOs) to bring savings and efficiency to the workers' compensation system. This program has prevented thousands of lost-time claims and bolstered return-to-work efforts with projected net savings of more than \$1.6 billion.

The Ohio MCO system shifted the medical management of claims to private-sector professionals with expertise in healthcare issues. The BWC continues to oversee the program, but day-to-day medical management is handled by MCOs that collaborate with Ohio employers, injured workers, treating providers and BWC.

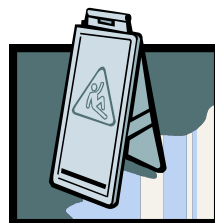
The program focuses on appropriate medical management intervention and improving return-to-work timeliness to provide positive impacts for injured worker recovery and employer premiums. Prior to the MCO system, the cost of workers' compensation made Ohio one of the most expensive states in which to do business.

Since 1997, MCOs have facilitated the control of medical costs and lower employer premiums. Through more timely return-to-work outcomes and the limiting of work days missed, lost-time claims have been dramatically reduced. Here are some of the results:

- 73 percent reduction in the average cost of a claim filed within seven days of injury
- 20 percent reduction in lost-time claims
- 69 percent reduction in reporting of workplace injuries, from 62.1 days to 19.3 days
- Faster payment of medical bills – 98 percent are paid within 30 days

These results have been accomplished through early intervention, quality medical care and effective return-to-work strategies. This is one story that should resonate strongly in 2006, when Ohio businesses once again will decide who to select as their MCO partner for the next two years.

Dave Kiley is president of CompManagement Health Systems Inc., an Ohio-certified Managed Care Organization serving as a medical management and cost-containment provider for employers statewide. Since its founding in 1997, CHS has focused on delivery of quality-driven, cost-effective care to more than 55,000 Ohio employers representing more than 500,000 injured worker claims.



OAAS Sponsors General Session at OACBMRDD Spring Conference:

The Future of Day Habilitation May 24, 2006

Presenters: *Tom Armstrong*, Superintendent, Summit CBMRDD; *Kim Miller*, Consultant, OACBMRDD; *Annette Davis-Kramp*, Director of Center Employment, *Barrett Nefores*, Director of SSA, Medina CBMRDD; *Jeannie Stahl*, Director of Community Support Services, Allen CBMRDD; *Nancy McAvoy*, Deputy Director, *Kim Linkinhoker*, Assistant Deputy Director, *Katina Karoulis*, Adult Services Specialist, ODMRDD

Overview: This session will detail the five services that are included in the definition of day habilitation: adult day supports, vocational habilitation, supported employment – community, supported employment – enclave, and transportation. What services are included and which are not? How are the services authorized? What are the rates and caps? How are the units defined? What is the impact of “free choice of provider”? Also included in this session will be an update on the acuity assessment. Who should administer it? How often? Is there a review or appeal process?

The Individual Service Plan (ISP) is the document that authorizes services. What happens once the services are authorized? Two counties will share their strategies for ISP development, service and support authorization and implementation.

Documentation is the final piece of the puzzle. What do providers need to do in order to be in compliance with the new ratios and group sizes? How can providers withstand an audit through good documentation?

Finally, information about the transition from day habilitation to day supports will be provided.

To register: www.oacbmrdd.org

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OAAS Regional Map

