



State Fiscal Year 2011
ACTIVITY REPORT

John R. Kasich
Governor

Theodore E. Wymyslo, M.D.
Ohio Department of Health
Director



Ohio
Department of Health
Living Healthier, Living Better



Ohio



State of Ohio

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Letter from the Director



The Health Home initiative is designed to improve health care quality and clinical outcomes as well as the patient care experience, while also reducing per capita costs through more cost-effective care.

Dear Governor Kasich,

It is with pride that I share the Ohio Department of Health's State Fiscal Year 2011 Activity Report. The report is a summary of Ohio's state-level public health accomplishments, strategic initiatives and innovative strategies, and is submitted per Ohio Revised Code 149.01.

I am particularly proud to share through this report the actions taken each day by our more than 1200 employees who are committed to ensuring Ohioans live healthier lives. These public servants are driven each day by a passion to achieve ODH's vision of "Optimal Health for All Ohioans."

As an agency aligned with the new Governor's Office of Health Transformation, ODH has joined other key agencies in leading an initiative to address Medicaid spending, planning for efficient administration of the Ohio Medicaid program and improving overall health system performance. Moving forward, integrating essential public health services into clinical practices will be a major focus of our work.

In our journey to transform Ohio's Public Health system, we must systematically change our public health policies to those that lead to improved health. To help provide the easiest and most affordable choices, these new policies must create the structural changes needed to support access to safe places to be physically active, wider availability of nutritious foods and reduced tobacco use.

In addition, I am very optimistic that the recent passage of the SFY12-13 budget by the 129th General Assembly opens the door to improved health outcomes for Ohio's Medicaid population. The Health Home initiative, included in this historic budget bill, is a person-centered model of care designed to facilitate access to and coordination of the full array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports to better meet the needs of people with multiple chronic illnesses.

The Health Home initiative is designed to improve health care quality and clinical outcomes as well as the patient care experience, while also reducing per capita costs through more cost-effective care. Our agency is convening a diverse group of public and private stakeholders interested in the design and implementation of the medical home model of care in our state.

Throughout this report you will see the important foundational changes we have made in a very short period of time to transform Ohio public health system for the future. The Ohio Department of Health's accomplishments in the past six months include:

- **ODH Budget Successes**
- **Increased Collaboration with Stakeholders**
- **Adoption of Business Friendly Administrative Rule Changes**
- **Implementation of Internal Structural Reforms**

It is my hope that you will find this report useful in gaining a better understanding of the important role and mission of public health in our society.

Sincerely,

Theodore E. Wymyslo, M.D.
Ohio Department of Health
Director

About Ohio Department of Health



**“Protect and Improve the Health of
All Ohioans by Preventing Disease, Promoting Good
Health and Assuring Access to Quality Care”**



Public Health
Prevent. Promote. Protect.

The mission of ODH is to **“Protect and Improve the Health of All Ohioans by Preventing Disease, Promoting Good Health and Assuring Access to Quality Care.”**
The ODH public health vision is **“Optimal Health for All Ohioans.”**

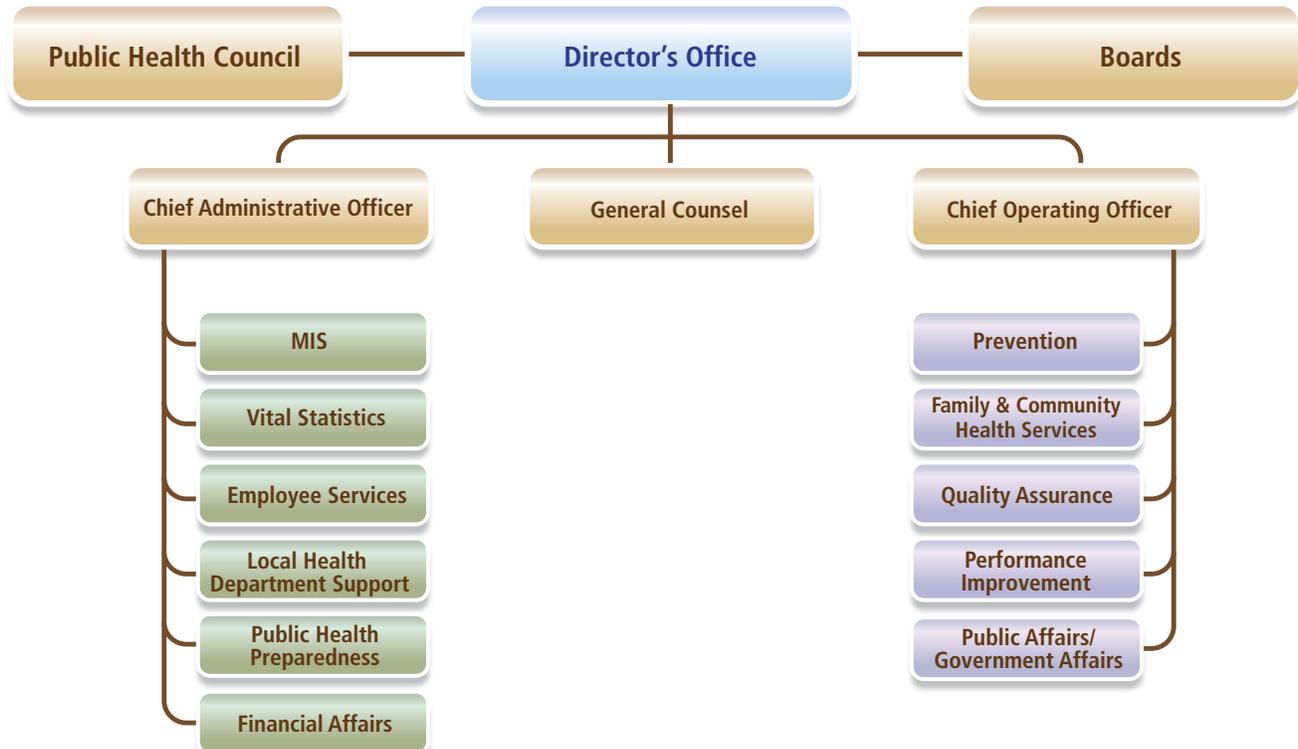
To accomplish its mission and vision, actions are taken each day by ODH’s nearly 1,200 public health professionals who are dedicated to ensuring Ohioans live longer and healthier lives. ODH’s responsibilities include the Ten Essential Public Health Services:

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- 1. Monitor health status to identify and solve community health problems.**
 - 2. Diagnose and investigate health problems and hazards in the community.**
 - 3. Inform, educate, and empower people about health issues.**
 - 4. Mobilize community partnerships to identify and solve health problems.**
 - 5. Develop policies and plans that support individual and community health efforts.**
 - 6. Enforce laws and regulations that protect health and ensure safety.**
 - 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**
 - 8. Assure competent public and personal health care workforce.**
 - 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**
 - 10. Research for new insights and innovative solutions to health problems.**
-

Structure

ODH is a cabinet-level agency, meaning the director reports to the Governor and serves as a member of the Executive Branch of Ohio’s government. The director, Ted Wymyslo M.D., has three direct reports: the General Counsel, Chief Administrative Officer and Chief Operating Officer. These leaders facilitate a more direct line of communication and reporting to best serve the strategic goals of ODH.

TABLE OF ORGANIZATION



The table of organization was redesigned to be more efficient and functional. The agency has taken this new streamlined senior management approach to reduce overhead costs and achieve greater functionality in the delivery of programs and services to customers.

The Chief Administrative Officer directs functions involving Financial Affairs, Information Technology, Employee Services, Vital Statistics, Local Health Department Support and Emergency Preparedness.

The Divisions of Prevention, Quality Assurance and Family & Community Health Services as well as Performance Improvement and Public & Government Affairs are administered by the Chief Operating Officer.



Chief Operating Officer

The **Division of Family and Community Health Services** provides administrative direction, leadership, and coordination of the activities for child and family health services, children with medical handicaps, early intervention services, nutrition services, and community health services. The mission of the division is to assure Ohioans have access to health services that are high quality, interdisciplinary, culturally appropriate and preformed in a competent manner.

The **Division of Prevention** promotes good health, evaluates health status, and prevents and controls injuries and diseases (chronic and infectious). The division contributes to the ODH mission by carrying out core public health functions and essential public health services. The division supports a systems approach to prevention and preparedness that is based on science and innovative technology. Collaborations and partnerships at the federal, state and local levels provide enhanced capacity to meet strategic priorities.

The **Division of Quality Assurance** protects the health and safety of Ohio citizens through activities that assure the quality of both public health and health care delivery systems. The division's primary mission is to ensure the proper licensure and regulation of long-term and non long-term care facilities as well as employ professionals in the environmental fields such as lead abatement and radon mitigation.

The **State Epidemiology Office** was formed in 2008 to guide epidemiologic priorities and activities for the state. The office operates in coordination and collaboration with local, state and federal partners, builds epidemiologic capacity for the state and assists with the translation and reporting of epidemiologic findings and the application of those findings to public health programs and policies in Ohio.

The **Office of Government Affairs** directs and coordinates legislative affairs for ODH and develops policies and procedures to promote the department's legislative agenda. The office is the primary liaison for the agency in working with the Ohio legislature and with all federal, state and local elected officials.

The **Office of Public Affairs** is responsible for the development of all ODH internal and external communication strategies. Its primary functions include media relations, graphic design, video production and marketing. The office leverages mass and social media channels to ensure the general public has immediate access to critical public health information.

The **Office of Performance Improvement** helps define agency goals and objectives relative to strategic planning and performance improvement. The office coordinates the development of performance measures for local health departments and for programs within ODH through working with division chiefs and program staff.

TABLE OF ORGANIZATION

○ General Counsel

The **Office of General Counsel** assists the Director of Health in defining agency goals and objectives by overseeing and coordinating all ODH legal activities. Its primary responsibilities include negotiating, developing and advocating the legal and legislative positions of the department.

○ Chief Administrative Officer

The **Office of Health Preparedness** operates with a primary mission of coordinating the emergency preparedness and response activities of ODH. Included in these responsibilities are preparedness for man-made and natural disasters, technological emergencies, public health emergencies, and chemical, biological and radiological terrorism.

The **Office of Local Health Department Support** works closely with Ohio's local health departments (LHDs) to carry out the mission of public health in Ohio. The office serves as the agency liaison to LHDs, administers public health improvement standards, drafts recommendations regarding approval of LHD contracts, serves on statewide committees, workgroups and task forces and provides technical assistance to LHDs.

The **Office of Management Information Systems** administers the computer-based management systems across the ODH enterprise. The office is responsible for maintaining ODH computer networks and servers and for the development and implementation of strategies that support the current and future technology needs of the agency.

The **Office of Employee Services** oversees the management of ODH's human resource needs through the daily operations of human resources, labor relations, workforce development, the equal employment opportunity program and Ohio's Employee Assistance Program.

The **Office of Financial Affairs** assists in the establishment of ODH's long and short-range fiscal goals and objectives. The office provides the agency with the overall fiscal administration support through its various unit operations including accounting, purchasing, budgeting, grants administration and audits. The office oversees the agency's biennial budget process, provides technical assistance to agency decision-makers and provides daily monitoring and analysis of agency spending trends.

Financials

(July 1, 2010-June 30, 2011)



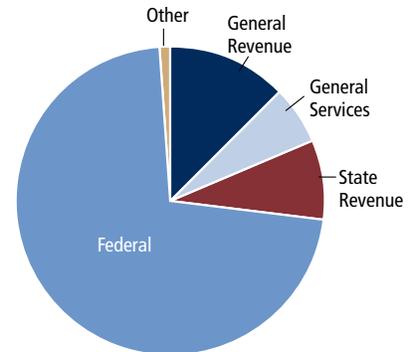
ODH has nearly 150 program areas and an annual budget of over \$700 million of which 72 percent comes from federal funding, 12.7 percent from State General Revenue Fund (GRF) and the rest from various permits and fees. ODH staff are working hard to become less dependent on State GRF and relying on other sources of funding while streamlining the organization to maximize efficiencies.

(July 1, 2010 through June 30, 2011)

SFY11 FINANCIAL INFORMATION

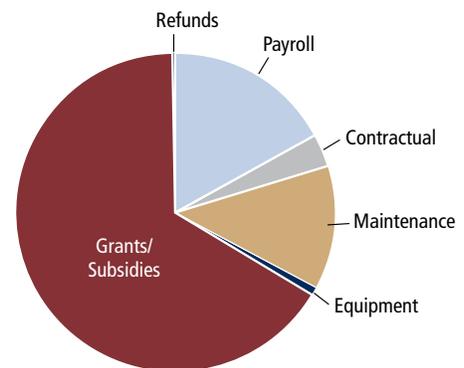
SFY 2011 Revenue by Source

	Amount	Percentage
General Revenue	90,040,125	12.73%
General Services	43,105,571	6.10%
State Special Revenue	58,512,059	8.27%
Federal	509,172,691	72.01%
Other*	6,298,880	0.89%
Total***	707,129,326	100.00%



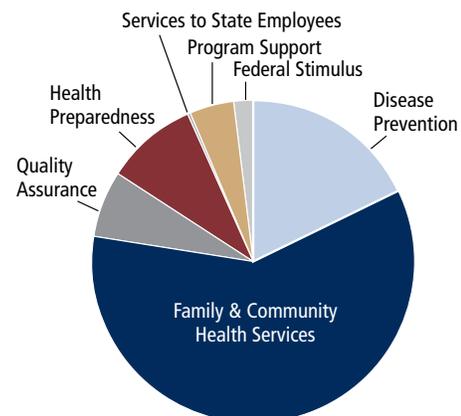
SFY 2011 Expenditures by Category

	Amount	Percentage
Payroll	106,398,338	17.08%
Contractual	20,995,432	3.37%
Maintenance	77,394,853	12.42%
Equipment	5,882,505	0.94%
Grant / Subsidies	411,940,688	66.12%
Refunds	374,426	0.06%
Total**	622,986,242	100.00%



SFY 2011 Expenditures by Program

	Amount	Percentage
Disease Prevention	111,655,972	17.92%
Family & Community Health Services	372,545,716	59.80%
Quality Assurance	40,283,017	6.47%
Health Preparedness	58,216,355	9.34%
Services to State Employees	898,756	0.14%
Program Support	28,419,631	4.56%
Federal Stimulus - DOH	10,966,795	1.76%
Total**	622,986,242	100.00%



*Other includes Tobacco Master Settlement, Holding Account Redistribution, and State Highway Safety Fund Groups.

**Expense data current as of 7/18/11 and subject to change with year-end closing processes.

***The revenue figures include grant funds that have an expiration date or funding cycle beyond SFY11.

– Accomplishments– Budget Success



On June 30, 2011, Governor John R. Kasich signed the most significant budget in recent Ohio history, restoring fiscal stability to state government and implementing long-overdue reforms that help put Ohio back on a track toward economic revival. The budget lays the groundwork for a new Integrated Care Delivery System to provide comprehensive, person-centered care that meets the physical health, behavioral health, long-term care and social needs of seniors and people with disabilities.

○ Medicaid Health Homes

The current system of care does not reward doctors for being comprehensive, thorough, or providing good continuity of care to patients. Rather, the payment system is based on volume with no defined expectation of outcomes.

By moving to a system where primary care and prevention are the foundations of medical care and providers are paid for improving the health of their patients and clients through measurable outcomes, we can control our health care spending and give health consumers the information they need to make good choices about their health.

When providers of various disciplines can share information through electronic medical records and a health information system, doctor's can avoid duplication of services, medication errors and unnecessary trips for health consumers to multiple facilities while at the same time improving the quality of care consumers are receiving. Leading the charge to implement the patient centered medical home model will help ODH achieve our strategic goals for the health of all Ohioans.

For Medicaid, the PCMH model of care is called the Health Home and its core principles are:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
- Patient and family support (including authorized representatives);
- Referral to community and social support services, if relevant; and
- Use of health information technology to link services, as feasible and appropriate.

In the SFY12-13 budget, \$47 million was allocated over the biennium to create and implement rules defining Medicaid Health Homes. ODH will be working with the Ohio Department of Mental Health, The Governor's Office of Health Transformation, the State Medicaid Office as well as community and business partners to accomplish this. As part of this process, Ohio will develop a model for reimbursement reform for Medicaid patient care.

○ Combining Budget Lines

In 2011, ODH worked with the Ohio Office of Budget and Management to streamline the agency by combining lines in the ODH budget. The budget lines for animal borne disease prevention and infectious disease prevention and surveillance were combined with the line for the Public Health Laboratory. By combining these lines, ODH will be better positioned to respond to infectious disease outbreaks and be able to shift resources to the part of the outbreak that needs the most resources. These efforts will also will allow ODH to respond

more rapidly and accurately for statewide events. ODH also consolidated the budget lines for Healthy Ohio and Chronic Disease and Injury Prevention to facilitate coordination of activities across this continuum.

Support for the Office of Health Transformation

The Governor's Office of Health Transformation (OHT) is leading an initiative to address Medicaid spending, plan for the long-term efficient administration of the Ohio Medicaid program and improve overall health system performance.

As an agency aligned with OHT, ODH is partnering with other state agencies and local organizations involved in the health care system in Ohio to rebalance long term care, improve care coordination, reform payment systems and identify performance measures to ensure desired outcomes.

Elimination of Licensing Fees

The SFY12-13 budget eliminated ODH's Marina Licensure Program. This change means that marina owners will no longer have to pay the State licensure fees to operate their business. The change is not expected to have a significant impact on public health, as the marina operators have agreed to sustain current public health practices in marina businesses.

In SFY11, marina license fees did not generate revenue sufficient to cover the costs of the program. The general revenue funds previously allocated to this program were redirected to support more critical public health efforts.



– Accomplishments– Increased Collaboration



Since taking office, Ohio Governor John Kasich has stressed the importance of collaboration. As a department within the newly formed Office of Health Transformation, ODH is working with the other health-related state agencies to reform Medicaid and other health care services through better care coordination and payment reform to achieve better health outcomes for all Ohioans.



**Private-Public Partnership
Ohio Tobacco Collaborative:**

ODH has developed the **Ohio Tobacco Collaborative**, a unique public-private partnership which provides commercial carriers, employers, and third party administrators access to tobacco cessation services at rates typically reserved for public health. The Ohio Tobacco Collaborative was created as a way to help health plans and employers move toward compliance with federal legislative mandates to provide cessation services, while also helping public health maintain tobacco cessation infrastructure with limited financial resources. This is truly a win-win for public and private health.

Thanks to the support from the collaborative, the Ohio Tobacco Quit Line is operating without state funding. Approximately 2.63 million Ohioans have retained access to the Quit Line because their employer or health plan joined the collaborative. In addition, uninsured, pregnant and Medicaid callers continue to be served by the Quit Line.

**Private-Public Partnership
Ohio Community Transformation Proposal:**

The **Ohio Community Transformation Program (CTP)** is an opportunity for ODH to lead a strong coalition of stakeholders, both public and private, to address the extreme burden of chronic disease in Ohio. While the Ohio CTP represents a tremendous opportunity for Ohio to dramatically improve health across the state, the process undertaken to create the proposal also provided ODH with an opportunity to take a collaborative approach to improving health by aligning the goals of several state agencies. Because of the importance of addressing health inequities across multiple factors, the Ohio Commission on Minority Health, the Ohio Department of Mental Health and the Ohio Department of Aging were all involved in the creation of the Ohio CTP and the writing of the proposal.

The Ohio CTP was built on the idea that to effectively change behavior and improve health, factors that contribute to health-related decisions must be addressed alongside efficient, outcome-driven health care. To accomplish this, ODH and its partners also collaborated with the Ohio Hospital Association, Ohio KePRO, the OSU Government Resource Center, the Ohio Academy of Family Physicians and the Ohio Chapter of the American Academy of Pediatrics (OAAP) to design a comprehensive approach to improving the delivery of health care. The Ohio CTP will support efforts begun by the PCMH Education Advisory Group to transform health care delivery to a model that delivers high quality and high value care to the “hotspots,” those areas with high disease burden and higher prevalence of health inequities in Ohio. OHA will be working with the 34 Critical Access Hospitals in Ohio to improve their management of blood pressure, cholesterol disease and diabetes, while OAAP will be working with pediatricians throughout Ohio to prevent and treat obesity in children.

This collaboration also brings together stakeholders from both the public and private sectors, with partners such as the Health Policy Institute of Ohio, the Appalachian Rural

INCREASE COLLABORATION

Health Institute, the Association of Ohio Health Commissioners, and the many Ethnic Health Coalitions to lead community-based efforts to improve access to healthy foods, to improve opportunities for people to be physically active in safe environments and to reduce exposure to tobacco. Each agency was instrumental in positioning ODH to be a front-runner to receive a funding award and each will play a vital role in the success of the program.

○ **Interagency Collaboration** **Ohio Department of Alcohol and Drug Addiction Services:**

ODH was one of the co-sponsors of the **Ohio Opiate Summit**. The summit, which was held on April 5, 2011, brought together physicians, professionals from health care, addiction prevention and treatment, judges, prosecutors, and law enforcement professionals to gain a common understanding of the problems and best practice solutions to address opiate abuse, addiction and diversion. In addition to sponsoring the event, ODH served on the planning committee, provided speakers and chaired the prevention breakout meetings.

ODH is also working to address Ohio's prescription drug abuse epidemic with a number of partners. The **Prescription Drug Abuse Action Group (PDAAG)**, coordinated by ODH in conjunction with the Ohio Department of Alcohol and Drug Addiction Services, is an ongoing work group dedicated to reducing prescription drug abuse, misuse and overdose. This multi-disciplinary group reviews current legislative and administrative policy initiatives being implemented or considered at the state level. PDAAG members also work to target areas appropriate for action by the group and serve as a channel for sharing information and initiatives regarding prescription drug abuse across the state.

○ **Interagency Collaboration** **State Board of Education:**

In July 2011, the Ohio State Board of Education voted unanimously to adopt a resolution endorsing the **100 percent tobacco-free school campuses model policy**. Through this action, the State Board recommended that Ohio's local education agencies consider adopting or adapting the policy to meet their local needs. The board's resolution was created thanks to efforts by ODH and the Delaware County General Health District. The resolution also was supported by the American Heart Association and others as a strategy to further tobacco-use prevention efforts in Ohio's schools.

While not a mandatory policy, the resolution accompanied by the suggested model policy will be shared by the Ohio Department of Education (ODE) with school superintendents and others across the state with a recommendation for adoption. Also in the 2011-12 school year, ODE and ODH will provide additional guidance to districts on how to establish tobacco-free school environments.



○ Interagency Collaboration
Ohio EPA and Ohio Department of Natural Resources:

In June 2011, ODH in partnership with the Ohio Department of Natural Resources and the Ohio Environmental Protection Agency, released the **Ohio Harmful Algal Bloom Response Strategy**.

The peer-reviewed strategy is one of the most comprehensive response strategies in the nation. The 121-page document outlines the recreational thresholds set for cyanobacteria toxins, establishes monitoring protocols and identifies the process for posting and removing surface and drinking water use advisories

In addition, the state launched a new Web site **www.Ohioalgaefinfo.com** as a one-stop shop for algae information in Ohio. On the Web site, Ohioans can view a list of current advisories or sampling data, report potential algal blooms, and view some common sense tips about algae.

○ Interagency Collaboration
Ohio Attorney General and Ohio Department of Commerce:

In February 2011, ODH began meeting with the Ohio Department of Commerce's Division of Liquor Control and the Ohio Attorney General's Office about possible actions the state could pursue against violators who have shown a continued disregard for the state's **Smokefree Workplace Act** (also known as the indoor smoking ban).

The meetings had a positive outcome and the Department of Commerce has agreed to provide assistance in this effort. On July 8, 2011 the Division of Liquor Control issued a rejection order for the liquor permit renewal of Peg's Pub, LLC, one of the Smokefree Workplace Act's biggest offenders. This was the first permit renewal rejection issued by the division due to Smokefree Workplace violations. ODH will continue to work with the Attorney General and the Department of Commerce to pursue possible action against those licensees that demonstrate a continued disregard for the law and have outstanding Smokefree Workplace fines.

○ Interagency Collaboration
Ohio Department of Mental Health:

In the SFY12-13 budget, the **Adult Care Facility Licensure Program** was transferred to the Ohio Department of Mental Health. ODH worked with partners in the Governor's Office of Health Transformation, streamlining state services to achieve greater efficiencies and better care coordination. There are over 600 facilities licensed under this program serving more than 5,000 adults. The majority of adults living in these facilities have a mental health diagnosis, making alignment with the mental health system desirable.

○ Interagency Collaboration

Ohio Department of Development and the Ohio Housing Finance Agency:

On June 1, 2011, ODH accepted a check for \$2.1 million from the U.S. Department of Housing and Urban Development (HUD). The funds will be used by ODH and its partners to **identify and properly remediate lead hazards in homes in 36 counties**. In support of the federal award, the Ohio Housing Finance Agency committed \$100,000 and the Ohio Department of Development committed \$200,000 in matching funds.

Housing built before 1950 poses the greatest lead hazard to young children. Out of the estimated 906,000 children in Ohio between 6 months and 6 years of age, 36 percent live in housing built prior to 1950. Once lead is identified in a home, the only way to ensure children are not exposed is for the family to move or have the toxic lead professionally controlled or abated.

It can cost a family, living in a lead contaminated home, thousands of dollars to have the lead professionally controlled or abated, making it nearly impossible for many Ohio families to afford. The \$2.1 million will be used for the identification of lead hazards in the units occupied by families that cannot afford these procedures on their own. The funds will also be used for the remediation of the lead hazards through appropriate control or abatement procedures.

This project also pairs the grant dollars with nearly \$300,000 dedicated by community action programs to make the home lead-safe, weatherized and energy efficient.



– Accomplishments– Improved Rules



Since January 2011, ODH has made overdue reforms to agency rules to better protect newborn babies and seniors. The new rules focus on providing better care for seniors in long term care facilities and newborns in Ohio's maternity wards.

IMPROVED RULES

○ **Maternity Licensure**

In 2011, ODH worked diligently to reach consensus with stakeholders and revise Ohio's maternity licensure rules. The rules, which will go into effect in 2012, are based on the recommendations from the Ohio Infant Mortality Task Force.

To ensure infants receive the best care available, the rules establish standardized competencies for all health care providers caring for the ill neonate in special care and neonatal intensive care units. These additions bring the Ohio licensure rules in line with current best practice and national standards.

○ **Long-Term Care Reimbursement Changes**

ODH revised many of its regulations regarding some of the day to day operational functions of skilled nursing facilities in an effort to reduce unnecessary overhead costs of the nursing facility and still maintain resident safety and care. These regulatory changes include:

1. **Certificate of Need (CON):** Allows the skilled nursing facility to change the site of the proposed project. For each change a 25 percent fee will be assessed to the CON application.
2. **Independent Deficiency Review:** Allows a skilled nursing facility up to two independent reviews of any deficiency for non-compliance. If the skilled nursing facility does not agree with the findings of the first review, they can request a second review overseen by a hearing officer selected by ODH through an RFP process. The second review is paid for by the skilled nursing facility.
3. **Shower rooms:** Removes the rule requirement for skilled nursing facilities to provide a toilet room with a tub or shower in each new resident room. Requires the skilled nursing facility to ensure the dignity and privacy of every resident when being transported to and from bathing facilities.
4. **Nurse Staffing:** Moves from rule to statute the nursing staffing requirement. Changes the nurse staffing requirement from 2.0 hours per resident day for nurse aide, .5 hours per resident day for RN and .25 hours per resident day for LPN to a flexible nurse staffing of 2.5 total hours per resident day for nurse aide, RN, LPN, RN administrator and/or LPN administrator.

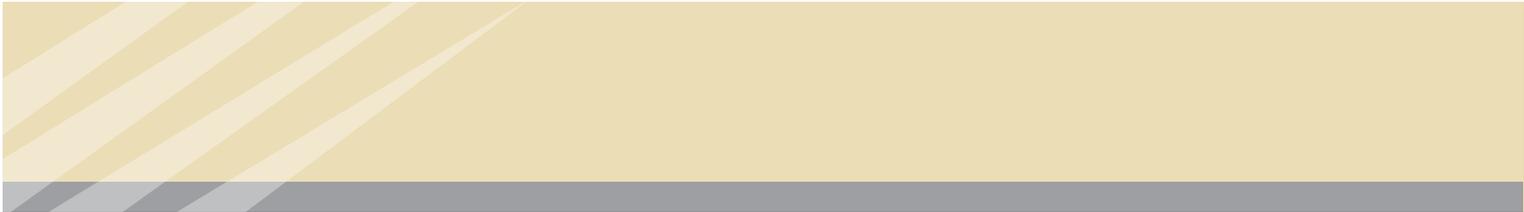
5. **Resident Relocation:** Allows the resident’s sponsor to choose a location of transfer on behalf of the resident. The proposed location must meet the resident’s safety and healthcare needs. The proposed location need not have accepted the resident at the time notice is given.
6. **Estate Priorities:** Gives nursing facilities a priority for unpaid bills for the last stay in the facility. The priority is immediately before the state’s ability to recover for payments by Medicaid.
7. **Franchise Permit Fee Redetermination:** Creates a requirement that the department redetermine nursing facility franchise permit fees related to the second half of each fiscal year to account for unused beds.
8. **Franchise Permit Fee and Changes of Operator:** Shifts responsibility for franchise fee payments to the new operator when a change of operator occurs. The expense for the fiscal year is apportioned based on the number of days the entering operator and exiting operator hold the provider agreement.
9. **ICF-MR Depreciation Recapture:** Eliminates depreciation recapture when an ICF-MR is sold. This aligns ICF-MR policy with NF policy.
10. **Delegated Nursing in ICFs-MR:** Expands the use of delegated nursing for individuals served in ICFs-MR in limited situations.
11. **Resident Safety Assurance Manager:** Provides permissive authority for the department to use “Resident Safety Assurance Managers” at the request of the current operator when necessary to ensure the health and safety of the facility residents.



– Accomplishments– Structural Reform



Since January 2011, there has been a reorganization to streamline ODH's decision making process. The new structure will allow ODH to focus on customer service while working to protect and improve the health of all Ohioans.



○ Reforming ODH Senior Management Structure

Through an initial reorganization of senior management staff, ODH has realized significant savings in salaries and streamlined decision making. More efficient operations with a focus on enhanced customer services will drive further organizational and structural changes.

○ Improving Customer Service

ODH has continued to search for ways of promoting efficiencies, improving customer service and reducing costs. To this end, the Office of Financial Affairs has recently embarked on an initiative to merge 3 of its 11 operating units in an effort to break down the traditional fragmented organizational structure and move toward a more seamless customer-centered operation.

These units consist of the Compliance Accountability Unit, Grants Administration Unit and the Federal Reporting Unit, which are all inherently a part of the complete end-to-end process that makes up the grants continuum at ODH. The agency expects to leverage untapped synergies between these consolidated units along with increased efficiencies, greater collaboration, improved communications and better quality of services delivered



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