

**TO: Director Barbara Riley, Ohio Department of Aging
Chairperson, ULTCB Workgroup
Members of the Unified Long-Term Care Budget Workgroup**

**FROM: Bonnie Deutsch Burdman, Director of Government Affairs and Community
Relations, Youngstown Area Jewish Federation**

DATE: November 15, 2007

**SUBJECT: Testimony to the ULTCB Workgroup on Behalf of
The Northeast Ohio Senior Rights Advocacy Group**

My name is Bonnie Deutsch Burdman and I am the Director of Government Affairs and Community Relations of the Youngstown Area Jewish Federation. Our Federation, which is one of eight Jewish Federated communities around Ohio, owns and operates Heritage Manor, a 72-bed non-profit skilled nursing facility located in Youngstown.

Today, I am here as a representative of the Northeast Ohio Senior Rights Advocacy Group, a consortium of non-profit and for-profit long-term care operators in Trumbull, Mahoning, and Columbiana Counties. (See Exhibit I "Northeast Ohio Senior Rights Advocacy Group Membership"). This consortium includes facilities located in these three counties caring for over 10,000 residents per year and employing more than 10,000 people.

I am presenting testimony relevant to the inequity of the current Medicaid peer groupings administered by the Ohio Department of Job and Family Services and to how these groupings adversely impact the ability of agencies to deliver high quality, very necessary health care services to poor, frail seniors, one of Ohio's most vulnerable populations.

While we understand and endorse the goal of supporting the home-based aspects of the senior care continuum, we believe strongly that adequate funding for nursing homes is essential. Nursing homes have endured significant cuts in the levels of Medicaid reimbursements over the past several years. We are grateful that the most recently adopted Biennial budget did not

impose additional cuts, and for some, provided a modest increase. However, for many long term care facilities, such as those in our region of the state, flat-funding, coupled with annual rising costs and inequitable cost ceilings, is tantamount to a cut.

In 2003 the Ohio Department of Job and Family Services conducted an analytical study (known as the “Blair Report”) to determine if there was a need to change Ohio’s long term prospective reimbursement methodology. The Blair Report redefined peer groups affecting Medicaid reimbursements throughout the state by reducing the number of existing peer groups from four to three, and by using “cost per case mix unit” from the now outdated 2002 Cost Reports as a dependent variable in their study. (See Exhibit II “Current and Revised Peer Group Maps”) The findings in the Blair Report were enacted into law in July 2006.

It is our position that this method of changing peer groups is flawed for the following reasons:

Page nine of the 18-page Blair Report (see Exhibit III) clearly indicates that Peer Group I (Cincinnati) had the lowest average “case mix score” under both systems (old system 1.870; new system 1.8731) and the highest reported bed-day costs in the State (old system \$169.38; new system \$168.43). The case mix score is a statistical method developed to accurately and uniformly determine the level of care needed by each resident. A higher average score tells us that the residents need more care than a lower average score. In short, the Medicaid Program is paying the highest amount of its budget to providers who deliver the lowest amount of services to the least sick individuals based on the case mix scores. By using the cost per case mix unit (direct care cost divided by the case mix score) as a variant in their analysis of peer groupings, the state Medicaid program is actually rewarding higher costs for lower resident care acuity

levels, something that makes little economic sense and places an increased burden on the State's scarce Medicaid resources.

Page 10 of 18 (see Exhibit IV) is a dramatic example of how this analysis defies logic when it comes down to offering direct care to residents. Exhibit V which summarizes the data on Exhibit IV depicts the direct care peer groupings as a "before and after" scenario. One can clearly see the disproportionate reduction to the facilities that were in the "Current MSA" grouping when the "New" Peer Groups went into effect. This is a clear illustration of how facilities in the MSA (Metropolitan Statistical Areas) groupings have lost more than \$4/day in direct care funding to care for residents, while all other groupings were reduced by "pennies".

In lay terms, the Blair Report arbitrarily eliminated the MSA peer grouping which included Trumbull, Mahoning, and Columbiana Counties. This study, and subsequently the State which adopted its findings, grouped these counties in the rural peer group, causing a disproportionate loss to facilities in the region. None of these areas has ever been classified as rural by any government entity until now.

The statistical methodology used in the Blair Report was analyzed by Dr. G. Jay Kerns, Professor of Mathematics and Statistics, Youngstown State University, and found to be flawed in at least six (6) different statistical areas (see Exhibit VI). Specifically, Dr. Kerns found that "there is no evidence whatsoever presented in the report to support the clustering [of] the regions into 3 peer groups." In summary, Dr. Kerns stated that "the choice of cost per case mix unit as a basis for the study coupled with a statistical analysis that is not appropriate for the data has resulted in a report that is flawed in multiple respects. The peer grouping proposed in the 2003 Report should be reexamined to ensure equitable treatment for all nursing facilities across the state of Ohio."

In addition, the peer groupings used in the Blair Report weigh heavily on direct care costs, which are comprised primarily of wages paid to nursing and rehabilitation personnel. Upon review of Exhibit VII (2002 Wage Index For Urban and Rural Areas) it is evident that Trumbull, Mahoning, and Columbiana Counties have wage factors well above any rural counties and have been disproportionately affected by the peer grouping study. Such losses will drive long term care facilities out of business, curtail the number of available beds for those in need, and severely limit the ability to deliver the high quality of care for which our agencies are known. The Medicaid system will be further burdened as it needs to care for sicker seniors with more limited options.

We are requesting that this committee endorse an immediate change in this arbitrary peer grouping system. Medicaid reimbursement rates must more accurately reflect actual costs of providing care, and must be fair to all 88 counties in the State, something that is not now happening under the Blair Report. Such corrective action will result in a more equitable distribution of existing Medicaid dollars without requiring the need for increased funding to the system.

Thank you for your time this afternoon.

Exhibit I
Northeast Ohio Senior Rights Advocacy Group Members:

Ed Reese, Diane Reese, Joseph Vince
Briarfields
461 S. Main Street
Youngstown, OH 44515
270-3468
JJV5291@aol.com

Mike Craig
Hill, Barth, & King
260 Niles-Cortland Road, NE
Warren, OH 44484
330-856-2733

Stephanie Weingart
Ivy Woods
962 S. Market Street Ext.
N. Lima, OH 44452
330-549-3939
SWeingart@zoominternet.net

Jennifer Pugh
Ivy Woods
962 S. Market Street Ext.
N. Lima, OH 44452
330-549-3939
JPugh@zoominternet.net

Caroline Hergenrother
Holander House
1985 E. Pershing
Salem, OH 44460
330-332-1588

Irene Bandy
Holander House
1985 E. Pershing
Salem, OH 44460
330-332-1588

John Brindiar
Holander House
1985 E. Pershing
Salem, OH 44460
330-332-1588
johnbrindiar@holanderhouse.com

Mike Betteridge, Tom Winslow, Ann Kellar
Washington Square
202 Washington Street
Warren, OH 44483
330-399-8997
Washingtonsquare.admin@encorehealthcare.com

Don Kacmar & Rich Limongi
Shepherd of the Valley
7148 West Boulevard
Youngstown, OH 44512
330-726-9061
rlimongi@shepherdofthevalley.com

Jason DiPasqua
Autumn Hills
2565 Niles-Vienna Road
Niles, OH 44446
330-652-2053
jasond@autumnhills.com

Frank Antolocy & Kathy Prasad
Austin Woods
4780 Kirk Road
Youngstown, OH 44515
330-792-7681
fantalogy@austinwoods.com

Mary Lou Clatterbuck
Humility House
755 Ohltown Road
Youngstown, OH 44515
330-505-0144
Marylou_clatterbuck@HMS.org

Gary Weiss & Bonnie Burdman
Heritage Manor
517 Gypsy Lane
Youngstown, OH 44504
330-746-1076
gweiss@heritagemanor.org

Kathy Prasad & Frank Antolocy
Hampton Woods
4780 Kirk Road
Youngstown, OH 44515
330-792-7681

Bill Sutton
HMHP
755 Ohltown Road
Youngstown, OH 44515
330-505-4031

Steve Zdinak
Adkins Care Centers
709 Armstrong Lane
E. Liverpool, OH 43920
330-385-3600
ELiverpoolCC@sbcglobal.net

Tony Marori
Blossom Rehab
109 Blossom Lane
Salem, OH 330-337-3033
maroni@royal_manor.com

Michele Fabrizio, Joan Orange, JoAnn Blunt
Danridge
31 Maranatha Drive
Youngstown, OH 44505
330-746-5157
Ruth1825@aol.com

Theresa Humenik
Cortland Healthcare
369 N. High Street
Cortland, OH 44410
330-638-4015
Theresa.Humenik@THICare.com

Daniel Storey
Cortland Healthcare
369 N. High Street
Cortland, OH 44410
330-638-4015
Dan.Storey@THICare.com

Phil Panno
Maplecrest
400 Sexton Street
Struthers, OH 44471
330-755-1466
MaplecrestNHI@adelphia.net

Ed & Diane Reese
Briarfield at Ashley
5291 Ashley Circle
Austintown, OH 44515

Don Kacmar & Rich Limongi
Shepherd of the Valley
5525 Silica Road
Youngstown, OH 44515
330-270-9700
dkacmar@shepherdofthevalley.com

Mary Lou Clatterbuck
Assumption Village
9800 Market Street
N. Lima, OH 44452
330-549-0740

Ray DeCristofaro, Bob Anness, Tom LaPolla
Community Skilled Nursing Centre
1320 Mahoning Avenue, NW
Warren, OH 44483
330-373-1160

Sally Demidovich
Austinwoods
4780 Kirk Road
Youngstown, OH 44515
sdemidovich@austinwoods.com

Ken James
Windsor Development
20 E. Liberty Street
Girard, OH 44420
330 545-2800

Tom Nordquist
Calcutta Health Care Center
48444 Bell School Road
Calcutta, OH 43920
330-385-7100

Tony Marori
Essex of Salem 1
2511 Bentley Drive
Salem, OH 44430
330-337-9503

Nick Rusyn & Darlene Hutton
Essex of Salem II
250 Continental Drive
Salem, OH 44460
330-337-9503

Mary Tambellini
Nentwick Convalescent Home, Inc.
500 Selfridge Street
E. Liverpool, OH 43920
330 385-5001

Exhibit I
Northeast Ohio Senior Rights Advocacy Group Members:

Paula Edgar & Tim Chesney
Pleasant View North Retirement Ctr.
451 Valley Road
Salem, OH 44460
330-537-4621

Paula Edgar & Tim Chesney
Pleasant View Nursing Home
7451 Pleasant View Drive
Lisbon, OH 44432
330-424-3727

Salem Community Hospital – SNF
1995 E. State Street
Salem, Oh 44460
330-332-7434

Diane Reese
Vista Center
100 Vista Drive
Lisbon, OH 44432
330-424-5852

Stephanie Schaffner & Karyn Moses
Beeghly Oaks
6505 Market Street
Youngstown, OH 44512
330-884-2300

Cindy Woodburn
Boardman Specialty Care & Rehab Center
5685 South Avenue
Boardman, Oh 44512
330-782-1173

Ed Reese & Joe Vince
Briarfield at Ashley Circle
5291 Ashley Circle
Youngstown, OH 44515
330-793-3010

David Tikkanen
Camelot Arms Care Center
2958 Canfield Road
Youngstown, OH 44511
330-792-5511

Tom Nordquist
Caprice Health Care Center
9184 Market Street
N. Lima, OH 44452
330-965-9200

Brian Seemia
Carrington South Health Care
P.O. Box 2739
Youngstown, OH 44507
330-788-3038

Crandall Medical Center
800 S. 15th Street
Sebring, OH 44672
330-938-6126

Tony Fuzo
Meridian Arms Living Center
650 S. Meridian Road
Youngstown, Oh 44509
330-792-7799

Brian Kolenick
Park Vista Retirement Community
1216 Fifth Avenue
Youngstown, OH 44504
330-746-2944

Felix Savon
Ron Joy Nursing Home
830 Boardman Canfield Road
Youngstown, OH 44512
330-758-8106

Ed Reese & Joe Vince
Briarfield at the Ridge
3379 Main Street
Mineral Ridge, OH 44440
330-652-9901

Briarfield of Cortland
4250 Sodom Hutchings Road
Cortland, OH 44410
330-637-7906

Tom Nordquist
Campus Health Care Center
196 Colonial Drive
Youngstown, OH 44505
330-759-8000

Debbie Mancini
Meadowbrook Manor
3090 Five Points Hartford
Fowler, OH 44418
330-772-5253

Tom Winslow
Washington Square Nursing Centre
202 Washington Street, NW
Warren, OH 44483
330-399-8997

Ralph Reese
White Oak Manor
1926 Ridge Avenue
Warren, OH 44484
330-369-4672

Debbie Mancini & Darlene Stauffer
Concord Health Care
4250 Sodom-Hutchings Road
Cortland, OH 44410

Copeland Oaks
800 S. 15th Street
Sebring, OH
330 938-6126

John J. Masternick & John P. Daliman
Burton Health Care Center
14095 E. Center Street
Burton, OH 44021

John J. Masternick & John P. Daliman
Doylestown Health Care Center
95 Black Drive
Doylestown, OH 44230

John J. Masternick & John P. Daliman
Guardian Health Care Center
1735 Belmont Avenue
Youngstown, OH 44504

John J. Masternick & John P. Daliman
Liberty Arms
1353 Churchill-Hubbard Road
Youngstown, OH 44505

John J. Masternick & John P. Daliman
Liberty Health Care Center
1355 Churchill-Hubbard Road
Youngstown, OH 44505

John J. Masternick & John P. Daliman
O'Brien Memorial Health Care Center
563 Brookfield Avenue, SE
Masury, OH 44438

John J. Masternick & John P. Daliman
Omni Manor Health Care Center
3245 Vestal road
Youngstown, Oh 44509

John J. Masternick & John P. Daliman
Omni West
3247 Vestal Road
Youngstown, OH 44509

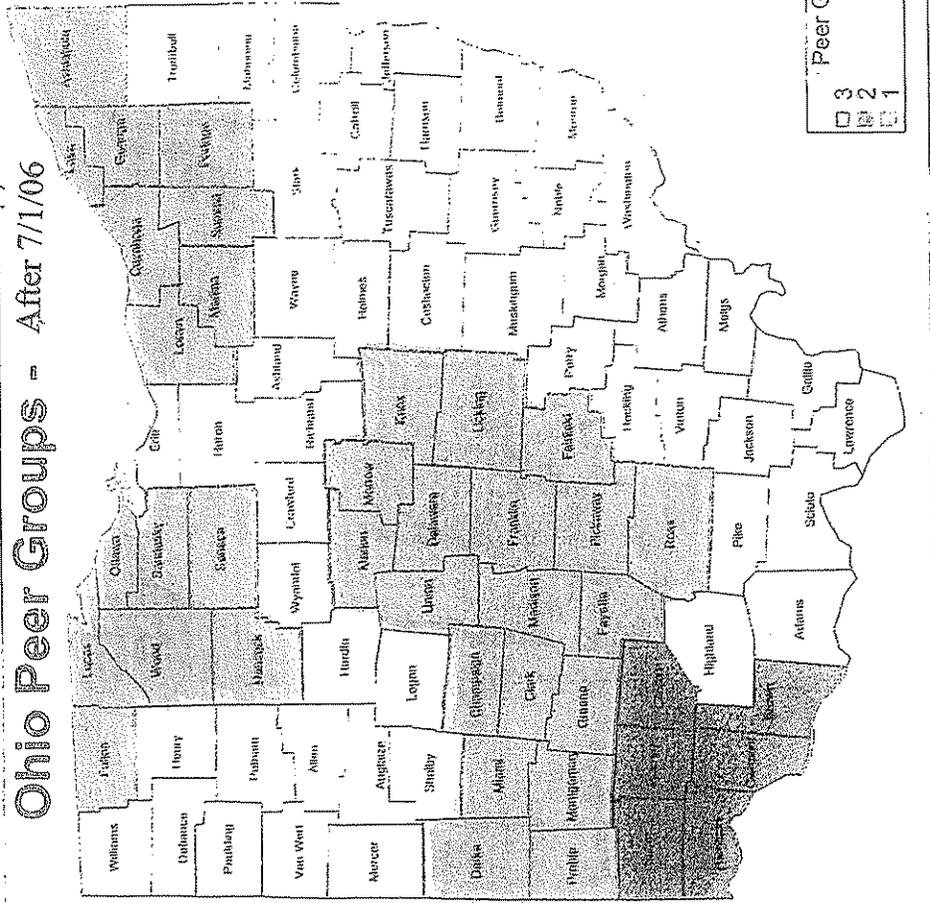
John J. Masternick & John P. Daliman
Parkside Health Care Center
930 E. Park Avenue
Columbiana, OH 44408

John J. Masternick & John P. Daliman
St. Mary's Alzheimer's Center
1899 Garfield Road
Columbiana, OH 44408

John J. Masternick & John P. Daliman
Windsor House @ Champion
200 E. Glendola Avenue
Warren, OH 44483

Exhibit II

Ohio Peer Groups - After 7/1/06



Peer Groups - Before 7/1/06

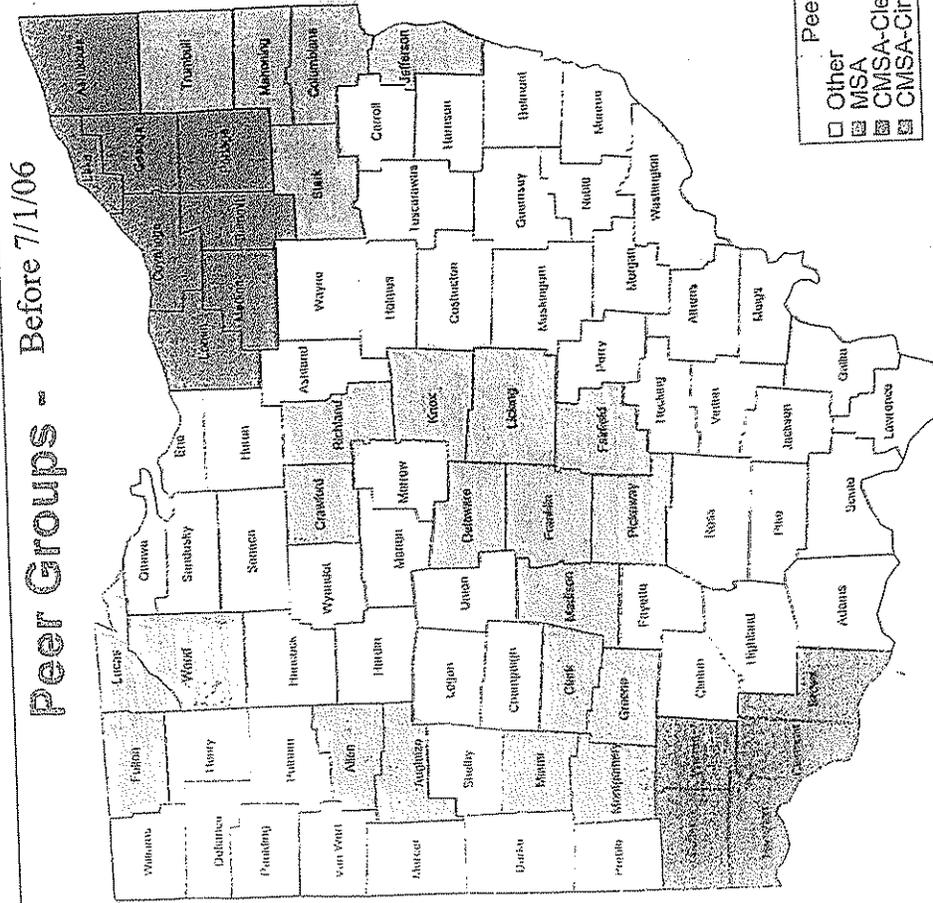


Exhibit III

Tables 3 and 4 present descriptive information pertaining to the direct care peer groups prior to and subsequent to the proposed geographic recommendations regarding peer group classifications for NFs.

¹⁵Table 3:
Descriptive statistics for current direct care peer groupings

Description	ALL	CMSA-CLE	CMSA-CIN	MSA	OTHER
# of providers	897	195	118	339	245
# of beds	88,003	22,104	11,541	33,591	20,767
Bed size	98.1	113.4	97.8	99.1	84.8
Occupancy	86.28%	87.35%	86.21%	85.87%	86.02%
Utilization	69.11%	69.02%	69.90%	69.29%	68.54%
Annual case mix	1.9009	1.9615	1.8710	1.8953	1.8749
Cost per Case Mix Unit	41.34	42.91	49.51	40.54	37.24
Direct	\$78.64	\$84.95	\$92.42	\$76.64	\$69.76
Protected	\$8.99	\$10.08	\$9.89	\$8.83	\$7.91
Indirect	\$50.53	\$56.73	\$53.57	\$49.31	\$45.81
Capital	\$12.84	\$14.99	\$13.50	\$12.84	\$10.79
TOTAL	\$151.00	\$166.75	\$169.38	\$147.63	\$134.27

¹⁶Table 4:
Descriptive statistics for new direct care peer groupings

Description	ALL	Group 1	Group 2	Group 3
# of providers	897	122	468	307
# of beds	88,003	11,827	49,162	27,014
Bed size	98.1	96.9	105.0	88.0
Occupancy	86.28%	86.20%	86.33%	86.23%
Utilization	69.11%	69.84%	67.93%	70.61%
Annual case mix	1.9009	1.8731	1.9139	1.8922
Cost per Case Mix Unit	41.34	49.08	42.21	36.93
Direct	\$78.64	\$91.69	\$81.02	\$69.84
Indirect	\$50.53	\$53.40	\$52.21	\$46.82
Protected	\$8.99	\$9.87	\$9.43	\$7.97
Capital	\$12.84	\$13.47	\$13.71	\$11.25
TOTAL	\$151.00	\$168.43	\$156.37	\$135.88

Table 4 contains and elicits some very interesting facts. First, the major change and outcome of the study suggests the need for three versus four direct peer group classifications. The Group 1 peer group largely consists of the former CMSA-CIN peer group counties. The former CMSA-CLE and MSA peer groups have been predominantly combined and exist in the Group 2 peer group. The Other peer group experienced county migration within the category, showing increases in terms of bed count and provider totals. Facility occupancy and Medicaid utilization were nearly the same for all three peer groups after the regroupings. However, the Group 1 peer group had the lowest average case mix score (1.8731) and the total highest cost per diem when compared to the other two peer groups. The range in total cost per diem across peer groups was \$32.55.

Exhibit IV

Table 5 presents ceiling information pertaining to the direct care peer groups prior to and subsequent to the proposed geographic recommendations regarding peer group classifications for NFs.

¹⁷Table 5:
FY04 ceilings for direct care peer groupings

Current				NEW		
CMSA-CLE	CMSA-CIN	MSA	OTHER	Group 1	Group 2	Group 3
\$50.84	\$56.38	\$48.01	\$43.95	\$56.28	\$50.13	\$43.83

Please note that a brief synopsis of both the direct and indirect ceiling changes will be presented concluding the indirect care portion of the analysis.

The second part of the analysis required a supplementary examination as to whether stratification for bed size was still warranted. A univariate analysis of variance was conducted to evaluate the relationship between bed size and reported indirect cost per diem using information from the 2002 cost report period. The independent variables, the bed size and Combined Statistical Area factors, contained nine levels. The analysis contained 451 large facilities, 100 or more beds, and 446 small facilities, 99 or fewer beds. The dependent variable was the indirect cost per diem.

The test was significant, $F(17,879) = 4.88, p < .001$. The overall strength of the relationship between the independent factors and reported indirect cost per diem using information from the 2002 cost report period, as assessed by N^2 , was medium. Therefore, these results constitute and support the foundation for continuing to stratify for bed size within the established peer groups.

¹⁸Table 6:
Tests of Between-Subjects Effects
Dependent Variable: Indirect per diem

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	27966.484(a)	17	1645.087	4.880	.000	.086
Intercept	910703.266	1	910703.266	2701.518	.000	.755
INDCLASS	2152.249	1	2152.249	6.384	.012	.007
PEER1	18242.142	8	2280.268	6.764	.000	.058
INDCLASS * PEER1	5624.836	8	703.104	2.086	.035	.019
Error	296317.937	879	337.108			
Total	2614344.957	897				
Corrected Total	324284.422	896				

a. R Squared = .086 (Adjusted R Squared = .069)

Exhibit V

<u>Current (Before)</u>			
CMSA-CLEV	CMSA-CIN	MSA	Other
\$50.84	\$56.38	\$48.01	\$43.95

<u>New (After)</u>		
Group 1	Group 2	Group 3
\$56.28	\$50.13	\$43.83

The diagram illustrates the transition from the 'Current (Before)' state to the 'New (After)' state. Dotted arrows indicate the following mappings:

- CMSA-CLEV (\$50.84) maps to Group 1 (\$56.28).
- CMSA-CIN (\$56.38) maps to Group 2 (\$50.13).
- MSA (\$48.01) maps to Group 3 (\$43.83).
- Other (\$43.95) maps to Group 3 (\$43.83).

Exhibit VI



Department of Mathematics & Statistics
Youngstown State University
Youngstown, OH 44555

G. Jay Kerns, Ph.D.
Department of Mathematics & Statistics
Youngstown State University
One University Plaza
Youngstown, OH 44555

June 20, 2007

The following narrative regards the *Analysis of the Ohio NF Medicaid Peer Groupings* prepared for the Department of Jobs and Family Services in October, 2003. The report was prepared by the Bureau of Long Term Care Facilities, ODJFS.

In my professional opinion, the analysis presented in the above mentioned report is fundamentally flawed in at least six (6) respects. The following is an itemized description of each, simplified and written in plain English.

1. **Unequal sample sizes:** The statistical procedure used in the report (ANOVA) assumes equal or nearly equal sample sizes. As can be seen in Table 1 below, the OMB group sizes are markedly different, the range being larger than a factor of 18.

Table 1: OMB Regions

Region	Frequency	Percent
Valid .00	260	25.8
1.00	147	14.6
2.00	228	22.7
3.00	133	13.2
4.00	88	8.7
5.00	14	1.4
6.00	19	1.9
7.00	62	6.2
8.00	55	5.5
Total	1006	100.0

2. **Unequal variability in groups:** The ANOVA procedure is robust to unequal sample sizes, unless the variability (as measured by standard deviation) is significantly different between groups. Table 2 below shows clearly that the standard deviations between groups are far from the same, the range being separated by a factor of nearly 3.

Exhibit VI (Con't)

Table 2: Descriptive Statistics

Cost per Case Mix Unit		
Region	Mean	Std. Deviation
.00	37.2640	10.54173
1.00	49.4396	11.67915
2.00	43.2490	10.41370
3.00	42.5675	9.75777
4.00	41.0764	7.15791
5.00	43.9469	9.22727
6.00	36.4474	7.28484
7.00	41.8504	8.43327
8.00	40.5943	20.96259
Total	41.8268	11.59105

Notice that the Youngstown-Warren-East Liverpool CSA (Region 8) has the largest standard deviation, nearly double that of all other groups. This is likely due to the large number of outliers present in the dataset (see below).

3. **Presence of outliers:** The ANOVA procedure is particularly sensitive to outliers, or in layman's terms, data values that are not representative of the group to which they are assigned. As Figure 1 shows, the data used by the report are plagued with outliers (denoted by stars and asterisks). This is a warning sign that the results are misleading and not trustworthy.

Figure 1: Boxplots of CPCMU

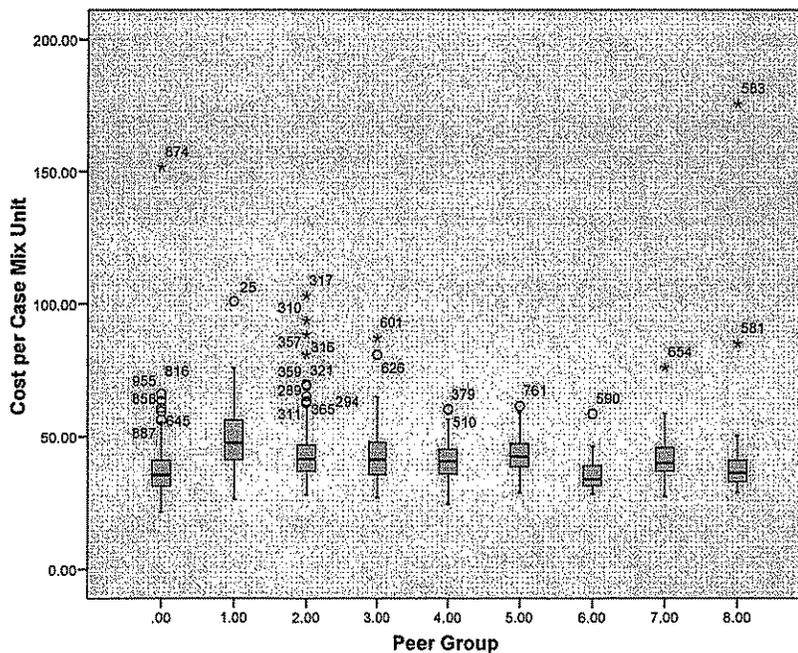


Exhibit VI (Con't)

To combat this problem, either the outliers should be removed from the dataset and the analysis redone, or a nonparametric analysis should be performed. Nonparametric issues were addressed in the report, but unfortunately to an insufficient extent.

4. **Interpretation of significant result:** The correct interpretation of the 2003 analysis is that not all 9 OMB regions are equal. However, the report goes further. It concludes that there are multiple differences, and the differences define 3 peer groups. While there is evidence to suggest that some groups are different from others, the differences are inconsistent, and there is no evidence whatsoever presented in the report to support the clustering the regions into 3 peer groups.
5. **Paradoxes in analysis results:** The problems outlined in 1-3 above alert the researcher that the output will be unstable. An examination of the report gives several examples of apparent paradoxes that result from using the procedures inappropriately. For example: the 2003 Report shows that Region 5 is significantly different from Region 9 (mean difference 5.33), yet Region 5 is not significantly different from Region 6 (mean difference 5.68). *This is nonsense.* This would be analogous to saying that Michael Jordan is significantly taller than myself (height 5'11"), yet at the same time, Michael Jordan is *NOT* significantly taller than Danny DeVito. There are many other similar examples in the report. The paradox arises because the standard deviations between groups are so radically different. This type of behavior is typical when the sample sizes are substantially unbalanced.
6. **Nonparametric Analysis:** The report rightly mentions that there are equivalent nonparametric procedures that are appropriate for these data. The report states that additional multiple comparisons were performed, and that the results were consistent with earlier analysis. There are no details or evidence provided to support this statement. Given that the ANOVA results are thoroughly inconsistent, it is troubling that the nonparametric results would be similarly flawed.

In summary, the choice of cost per case mix unit as a basis for the study coupled with a statistical analysis that is not appropriate for the data has resulted in a report that is flawed in multiple respects. The peer grouping proposed in the 2003 Report should be reexamined to ensure equitable treatment for all nursing facilities across the state of Ohio.

References

Analysis of the Ohio NF Medicaid Peer Groupings. October, 2003.

OMB Bulletin No. 03-04 <http://www.odod.state.oh.us/research/FILES/G802000000.pdf>

Exhibit VII

2002 Wage Index For Urban And Rural Areas

Area #	Area Location	Wage Index
8400	Toledo,OH (Fulton,OH-Lucas,OH-Wood,OH)	0.9810
1840	Columbus,OH (Delaware,OH-Fairfield,OH-Franklin,OH-Licking,OH-Madison,OH-Pickaway,OH)	0.9751
1680	Cleveland-Lorain-Elyria,OH (Ashtabula,OH-Geauga,OH-Cuyahoga,OH-Lake,OH,Medina,OH)	0.9670
3400	Huntington-Ashland, WV-KY-OH (Boyd,KY-Carter,KY-Greenup,KY-Lawrence,OH-Cabell,WV-Wayne,WV)	0.9636
0080	Akron,OH (Portage, OH-Summit ,OH)	0.9600
4320	Lima,OH (Allen,OH-Auglaize,OH)	0.9483
3200	Hamilton-Middleton,OH (Butler,OH)	0.9418
1640	Cincinnati,OH-KY-IN (Dearborn,IN-Ohio,IN-Boone,KY-Campbell,KY-Gallatin,KY-Grant,KY-Kenton,KY-Pendleton,KY-Brown,OH-Clermont,OH-Hamilton,OH-Warren,OH)	0.9381
9320	Youngstown-Warren,OH (Columbiana,OH-Mahoning,OH-Tumbull,OH)	0.9358
2000	Dayton-Springfield,OH (Clark,OH-Greene,OH,Miami,OH,Montgomery,OH)	0.9282
1320	Canton-Massillon, OH (Carroll,OH-Stark,OH)	0.8932
4800	Mansfield,OH (Crawford,OH-Richland,OH)	0.8900
8080	Steubenville-Weirton,WV (Jefferson,OH-Brooke,WV-Hancock,WV)	0.8804
	Rural	0.8613
6020	Parkersburg-Marietta, WV-OH (Washington,OH-Wood,WV)	0.8127
9000	Wheeling,OH-WV (Belmont,OH-Marshall,WV-Ohio,WV)	0.7670
****Source	Federal Register vol. 67, no. 147 7/31/02 Notices	