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**OPRA POLICY COMMITTEE MEETING MINUTES**

**Monday, September 16, 2019**

10:00 a.m.

OPRA Office

Core Committee Members: In-Person- Diane Beastrom, Scott DeLong, Abbey Summers, Brenda Smith, Jo Spargo, Ryan Knodel, Tim Neville, Wylie Jones

1. **DSP Wage Increase**
   1. Policy Committee reviewed draft letter from Director Davis to the field regarding the state budget allocations meant to increase wages of DSPs providing HPC.
   2. The Committee felt that letter was too technical and should begin with a summary sentence for messaging intended to DSPs.
   3. Would be beneficial to have a little summary about why HPC was targeted during this round of budget advocacy.
      1. OPRA will do any additional messaging for the Members as necessary.
   4. Increase can be used to maintain or increase benefits as well as wages.
   5. Drop wage comparison- say increasing rate that can go to a variety of employee related expenses.
2. **Policy Grid and Guiding Principles**
   1. **Wage Increase Verification**
      1. How to verify that the increases meant to support DSPs are actually getting passed down to DSPs.
         1. DODD understands that NCI-S will not capture everything necessary to accurately show how the new money is being passed to DSPs.
         2. Discussion should be that the verification shows that it goes toward any employee related expense, not just wages
      2. No tool or output has been decided on yet,
         1. The Committee has concerns with accuracy of input data and how other stakeholders use the output product.
         2. Any comparison between providers or counties a provider serves needs to consider the variation between cost of doing business category and the flexibility providers have with the funds.
         3. Anything given to DODD could be subject to open records laws.
            1. Committee has significant concerns over the potential ramifications of DODD requires detailed financial reporting
            2. How might a union use this information?
      3. Any verification tool needs to capture the fact that people are increases wages and benefits before the Jan 1, 2020.
         1. Many have already implemented changes out of necessity to attract and retain DSPs.
      4. Potential for attestation- give narrative on what you did as an agency to increase wages/benefits?
      5. **We believe** that the verification needs a clear timeframe for when the verification will be implemented, that there needs to be assurance that technical side will be ready, it is built into existing process, that it takes into account variation of counties/CODB, turnover, training, and other pre-employment costs.
      6. Benefits- if the field has robust data on overtime, ratios, etc., we might be able to have better discussions on service delivery models and future workforce planning.
   2. **Provider Certification**
      1. Questions from providers who recently went through the certification process: CEO/Designee background check- background check- if you are already in RapBack, do we still need the background check to be mailed? If your agency is non-profit there is no way to show that as the CEO you are not an owner of the agency. You must say that you are an owner. ODM makes you run background check for all owners.
      2. Certification simplification ideas:
         1. Opportunities for long-term DSPs to test out of needing training?
         2. Strategic implementation of regulations for the providers that are not in good standing?
         3. National accreditation to reduce some of the certification requirements?
         4. The plan/planning process needs to serve as the driver behind expectations of providers. However, the planning process needs to get better before we begin this.
      3. How big is the problem- how big is the issue of people starting agencies that then go under within the first year or so?
      4. **We believe** the ISP should be driver of training, trust providers, state needs better mechanism to address poor performing providers- either supporting to be a good performing or to get them out of the system, simplification of rule for of providers in good standing. The certification process should serve as a partnership between providers and DODD and should not be overly complex and complicated.
   3. **EVV**
      1. There was no state stakeholder meeting in August but there is a meeting later this week.
      2. Christine reviewed the feedback she has received so far from Members about how EVV is currently going.
      3. There is a fear within the Committee that there could be a drop in providers/DSPs wanting to provide HPC.
      4. In an effort to carve out even more people, the field should think about how to open up DRA/MRC to 1:1 settings and to automatically include all settings where care is being provided 24/7.
      5. Benefits may include weeding out bad providers?
   4. **ICF Quality Indicators**
      1. DODD is working on refining the 5 ICF quality indicators.
      2. One of the proposed indicators was adding 1 hour of staff training.
         1. Question for the Policy Committee- is this a good indicator? Committee feedback- What is the goal of implementing the quality indictors- improve quality in ICFs or say that the system implemented them to be in compliance with state statute? If it is to just be in compliance with state statute the committee thinks this is a good direction. Most ICF providers are already doing more training than required so it would not be overly onerous.
         2. Double edge sword- if we increase what actually is quality then DODD has to be more involved and is more involved in the process
      3. **We believe** that without any additional money in the ICF system, the quality indicators should be as simple as possible without administrative burdens that do not actually improve quality. We believe in improving and maintaining quality.
   5. **Vocational Habilitation**
      1. Scott Marks gave an update on the voc hab transformation workgroup.
         1. There are four subcommittees- rules and waiver amendment, communication and technical assistance, authorization and extension process, and grants for workshop transformation to competitive integrated employer.
      2. The transition includes a retirement service that is essentially the voc hab service for individuals 50 and older that pulls back some of the current voc hab requirements and a new time-limited pre-vocational training called basic employment skills training (BEST).
         1. BEST will be time-limited with the opportunity to apply for extension if an individual is not ready to move out of the service.
      3. The development of the implementation plan will force us to have a discussion on what it means and looks like to be full blown employer that doesn’t accept Medicaid payments, how these changes could impact ICFs, the potential impact on individuals currently receiving voc hab, and what could happen if the implementation planning isn’t done appropriately.
      4. Other states
         1. What has happened to individuals in states that have tightened the restrictions on their voc hab services?
         2. Framework took into consideration other CMS Region V states’ models
         3. Implementation should also look at how other states rolled out their changes
      5. Potential positives- force to look at spectrum of day services,
      6. Potential negatives- move toward day services and lack of work availability, difficult to plan for the business, system redesign without looking at global perspective,
      7. **We believe** that if you make any change with voc hab you have to look at all of the other services- look at service delivery models and rates on day support and group employment, need to look at AAI, look at other options (how can OOD step in to provide a vocational training this?)
   6. **Single ISP and Assessment**
      1. Right now DODD is not looking at ODDP or AAI as part of the assessment and ISP redesign
      2. Does DODD have authority to impose standards on ICF, may be a lot of work to impose ICF standards on waiver providers.
      3. We believe- if really goes into ICF that the plan and assessment then it needs to match up with ODH standards, simplification to one plan is good, planning and implementation, ISP is authorizing document for services so it must tell providers what they are expected to do and can be read by a DSP, still allows for individuals to have flexibility reflect actual needs and preferences not having the ISP structural limit the needs and preferences, only reflects context of health and welfare.
   7. **Patient Liability**
      1. Providers are the responsible patient liability collection agency. When an individual has more than one provider, DODD selects the provider to be the collection agency.
      2. Providers who are the appointed collect the liability before person can access the Medicaid program.
      3. DODD provides info to county board on the collection of patient liability that is expected to be passed to the provider. The communication between county boards and providers is unreliable.
      4. Gary Brown and Scott DeLong are working with DODD to work through this process to make it more efficient and to streamline communication on why the liability has to be collected.
3. **OPRA Residential Waiver Committee**
   1. This is a new OPRA Committee. The first session will look at wavier licensed residential settings. More information to come.
4. **Meeting Date** 
   1. Beginning in January 2020 the meeting will be moved to the second Monday of the Month.
   2. There will be **no** meeting in October 2019 to accommodate for the Fall Conference.