

May 11th, 2020
Minutes

Core Committee Members Present: Diane Beastrom- Chair, Scott DeLong- Vice Chair, Jeff Johnson, Ryan Knodel, Kurt Miller, Tim Neville, Laura Oleska, Rich Patterson, Dave Rastoka, Jo Spargo, Shelly Wharton

- **Welcome and Introduction**
- **COVID 19 and the state budget**
 - Gary Brown of Brady Ware summarized the demographics of enrollees and budgets of the Ohio Department of Medicaid (ODM) and the Department of Developmental Disabilities (DODD).
 - Presented how potential state budget cuts could impact the system from an high-level perspective.
 - DODD is cutting roughly \$9M from their FY20 budget. ODM is cutting roughly \$211M from their FY20 budget. There is no news on how FY21 budgets will be impacted.
 - We believe the cuts are coming from central office funds, the rescission of grants that had not be awarded, reductions in spending for early intervention and multi-system youth.
 - From data OPRA has seen so far, it looks like DODD has saved between \$30-\$50M due to decreased utilization in day array services and non-medical transportation.
 - OPRA staff are further investigating how further cuts to the budget could impact the budget and how the system might make accommodations.
- **“Restarting” and COVID 19**
 - Pete led the group into a discussion on the phases of Coronavirus response and things to consider as the state starts to restart services on a larger scale.
 - Phase 1 (education and preparation), 2 (implementation), 3 (“reopening”), 4 (new normal).
 - Before moving through phases 3 and 4, the system needs to consider a variety of factors. Is the provider environmentally ready (centers and transportation)? Are the people served (and their families) ready? And is the community ready? Will there be places for people to go in the community?
- **Fears and Concerns for Restarting**
 - Frustration with lack of steady fiscal support from the state
 - Fear of letting virus into residential settings after working hard to keep it out
 - Concerns about various parties using the pandemic to push for their own agenda and attempting to gain control over services
 - The virus is testing the system’s ability to trust each other and not sure how the relationships will change as the virus remains an issue

- There is a disagreement on state level policy on isolation and hospital discharge that make it difficult to keep other resident in congregate living situations safe
- Lack of support from some local health department and county boards made it difficult to navigate when someone does have a positive test
- As state opens up, there is a fear day service providers could become a scapegoat. Need to remember that as the state reopens businesses, staff and individuals have more opportunity to contract the virus elsewhere.
- We may not like the guidance that came out from DODD but we really needed DODD to lead on the guidance so county boards and other providers don't make up their own standards.
- Day Services
 - Obstacles for restarting day services- fear, required low numbers that do not match up with current rate methodology, increased costs associated with environmental accommodations, changing guidelines with a lack of lead time to implement changes, transportation restrictions that will not work and lack of communication between residential and other day providers and families to make sure services can work smoothly.
 - ICF Members are and how they are held accountable for day services they don't control while they are still legally responsible for providing.
- OPRA Strategies for Moving Forward-
 - OPRA has a diverse Membership and we need to consider all parts of the Membership
 - Pete talked about short-term budget discussions
 - It is OPRA's goal to protect rates for FY 2020 and FY21
 - As the services and business operations adjust to the new reality, OPRA wants to figure out how we can maximize resources for moving forward (simplification and braided funding with OOD, ODMHAS, telehealth?).
 - Need to reevaluate the regulations that have been stripped back, refocusing services to the relationships between frontline staff and the people they support.
 - Need to understand what is quality (checking boxes v. actual relationships) and what role quality should play in reimbursement and regulations.
 - To be successful with implementing these changes, we need to build up the trust that might have been degraded during the pandemic.

Next Meeting: June 8th, time TBD