OPRA Board of Trustees

Consent Agenda

May 21, 2014

***A. Efficiencies and Simplification Focus Area***

**1. Licensure and County Board Accreditation/National Accreditation**

No update. The Partnership has agreed to continue to pursue abbreviated reviews for county board accreditation and licensure. Nancy Neely and Mark Davis are coordinating this effort for the Partnership.

**2. Background Checks - Rapback**

The state is user testing the Automated Registry Check System (ARCS). ARCS will be one portal for providers to enter data for all registries. The state is preparing to extend Rapback to DD and other providers. Here is the timeline for both tools:

* May – pilot testing with 20 volunteer provider organizations
* May/June – Pilot testing and make adjustments
* July – ARCS goes live statewide
* July / August – RapBack pilot with 20 providers
* September – RapBack goes live statewide

**3. SSA and Program Management**

DODD training currently taking place. (handout at board meeting due to file size) It was very high level and SSA’s asked a lot of questions that could not be answered. Discussing joint trainings with OACB. They would like to wait a few months. As the rule just went into effect, they would like some time for the dust to settle and for people to gain experience which can be brought to a training session.

**4. Behavior Support Rule**

Last meeting was March 19th. There have been 2 drafts since. DODD has attempted to deal with our issues. They are trying to “fix” ICF issues (NOT exempt ICF’s from rule, but include language from CMS regs to make it more compatible). The prohibition on rights restrictions was lifted with proper assessment and oversight. The HRC committee structure is still a problem. The ARC and Project Stir offered to provide family members and individuals to serve on committees. The required training for HRC members has been pared down. The Program Directors and most ICF’s are opposed to including ICF’s in the scope of this rule. They feel ODH oversight is sufficient. Will send latest draft as an attachment.

**5. Level of Care**

DODD has obtained the necessary number of LOC pilot assessments (418). Truven has assessed the pilot submissions and determined that the new process is 100% MOE compliant. LOC group will reconvene to discuss rules and timelines once CMS gives approval. Met with DODD on March 28th to discuss timing of LOC and emergency admissions. They are open to language changes that will address member concerns.

**6. Companionship Exemption**

Some info has been shared with DODD per request. Information pulled from Survey Monkey and sent to small number of members, Vorys and OACB. Met with OACB, DODD and members on 3/27 to discuss transition plan and next steps. DODD is taking a back seat at this point. OPRA and OACB will target regions that have heavy use of the exemption (Franklin, Hamilton and NW Ohio) for training on the elimination of the exemption and its implications. Will combine these sessions with training on Remote Monitoring, which the work group believes is the primary option for dealing with the change, given there are no new resources. We will pair county boards and providers that have had success with RM and invite a few consumers to speak to it as well. Some counties have been reluctant to use this service. We will meet with them individually to discuss.

**7. Video Conferencing**

Have used the system several times now. We learn a little something each time and the feedback continues to improve. Have been in communication with provider (Blue Jeans) after each session to work through bugs and improve functioning. Blue Jeans has increased the availability of the remote function, and we entered into a contract for unlimited users. The first use of this did not go well. Blue Jeans is looking into the problem and testing the functionality on their end.

8. **ODH and DODD Streamlining**

Ohio Department of Medicaid is seeking approval from CMS for ODH and DODD streamlining proposal.

***B. Reimbursement Transformation for Workforce Sustainability Focus Area***

**1. Waiver Pilot**

The Waiver Pilot continues to receive both statewide and national recognition.

Training sessions for the original and new counties and participating providers continue.

The sessions are targeting service and support planning based on identified outcomes for the individuals. As individuals’ ISP’s come up for their annual review, the principles related to outcome-based service planning are being incorporated into the development of new plans that increase the focus on the desired outcomes as expressed by the individuals. New ISP’s for approximately 85 percent of individuals participating in the pilot are targeted for completion by June 2014. Presently, to allow sufficient time for information on the impact of this new approach to be developed, data analysis will begin in January 2015 and continue through June 30, 2015. The weekly reimbursement rate-setting methodology will continue through at least December 2014.

The next phase of the project will be to analyze metrics and data for final reporting and Illuminators.Data will be collected through a series of on-line surveys, collecting data from the pilot’s participating county boards and providers. Key targets will be information related to efficiencies realized, person-centered outcomes and individual satisfaction. Also, site-specific reimbursement data will be analyzed to ensure the proper use of federal funds and that county boards have remained whole.

OPRA asked international, leading-edge thinkers in the field of developmental disabilities to participate in a group called the Illuminators. The Illuminators are assisting the pilot in thinking through possibilities for broader system application of the pilot/pilot elements and informing the pilot about system reform efforts in other states that are relevant to the primary objectives of the pilot.

**2. ICF Reimbursement Work Groups**

DODD has 3 initiatives for the MBR: clean up language on indirect ceilings (clarify ceilings are set every other year/rate is adjusted annually), remove the bed count (currently at 600) from downsizing/conversion language to allow for more beds if needed, penalty for late submission of cost reports to start on 3/31 (or later if extension is granted) due to need to set rates without rollback quickly. Many meetings have been cancelled and the DSP wage group was disbanded (DODD felt scope of work was outside of the group). The reimbursement group did agree on budget language that will eliminate the rollback and distribute funds equitably based on changes in RAC scores. There are now 3 peer groups: large, small and the state admit homes (groups 1, 2 and 3 respectively). CPE group continues to discuss, but there has been no real movement. CMS will need to approve and as counties downsize/convert their beds, this option becomes less and less attractive. DODD currently conducting IAF reviews. The first quarter results will have no significant impact on rate setting. They plan on conducting 20/25 reviews per quarter moving forward. Triggers: similar scores across residents and licensure issues.

**3. Waiver Rate Increase**

From DODD Informational Release 3/24/14: After successful negotiations by the Ohio Provider Resource Association, the legislature approved additional funds to support front line staff serving individuals with developmental disabilities. A workgroup, including DODD staff, members of OPRA, OACB, the ARC, OHCA, VFA, OSDA, as well as other stakeholder representation was formed to determine how the funds would be utilized. That process resulted in an increase to the base rate for routine homemaker/personal care (HPC) services delivered through the Individuals Option (IO) and Level One Waivers.

For routine HPC services delivered on or after July 1, 2014, the rates for one staff delivering services to one individual (Service Codes APC, FPC, and EPC) are listed in the chart below. Please note that the rates listed below **do not include** the Medical Assistance Add-on, the Behavior Support Add-on, or the DC/ICF Add-on. The rates are as follows based on Cost of Doing Business Category:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Providers** | | | | X | **Independent Providers** | | | |
| **CODB Category** | **Staffing Ratio** | **Rate through 6/30/14** | **Rate effective 7/1/14** |  | **CODB Category** | **Staffing Ratio** | **Rate through 6/30/14** | **Rate effective 7/1/14** |
| **1** | 1:1 | $4.52 | $4.57 |  | **1** | 1:1 | $3.91 | $3.95 |
| **2** | 1:1 | $4.57 | $4.62 |  | **2** | 1:1 | $3.95 | $3.99 |
| **3** | 1:1 | $4.61 | $4.66 |  | **3** | 1:1 | $3.99 | $4.03 |
| **4** | 1:1 | $4.66 | $4.71 |  | **4** | 1:1 | $4.03 | $4.07 |
| **5** | 1:1 | $4.71 | $4.76 |  | **5** | 1:1 | $4.07 | $4.11 |
| **6** | 1:1 | $4.75 | $4.80 |  | **6** | 1:1 | $4.11 | $4.15 |
| **7** | 1:1 | $4.80 | $4.85 |  | **7** | 1:1 | $4.15 | $4.19 |
| **8** | 1:1 | $4.85 | $4.90 |  | **8** | 1:1 | $4.19 | $4.23 |

As with all waiver services, providers are reimbursed at either their usual and customary rate for the service, which is entered in the Rate field at the time claims are submitted by the provider, or the Medicaid maximum reimbursement rate established for the service in the Ohio Administrative Code (OAC), whichever is lower.

**4. AOF Direct Care Workforce Coalition**

Advocates for Ohio’s Future has a health and human services direct care workforce coalition. The second meeting of the leadership of the coalition occurred in May 2014 at OPRA. The coalition leadership agreed on the scope and membership. Our plan is to have the represented workers include our DSP’s and other system direct care workers who are similar to our DSP’s. The direct care workers included in this effort are those who are required to have a GED or HS diploma, pass a background check and have a minimum of specialized training. This will include Aging, Developmental Disabilities, Disabilities, Behavioral Healthcare and Other Disabilities. Our goals are to impact DSP wages, benefits, training and supervision; improve the quality of care; enhance the work experience of direct care workers; and create more direct care jobs.

Jeff Davis is leading the DD workforce coalition that will inform the AOF coalition and draft the DSP initiative/SFY16 – 17 budget proposal. Please let Jeff know if you are interested in participating in this DD coalition.

***C. Future Opportunities and Unmet Needs Focus Area***

**1. Health Home Project**

The DD-specific health home project has an expanded executive leadership team. In addition to Mark Davis, Maureen Corcoran and Maryse Amin (OSU PhD epidemiology student), we have added Jason Umstot, Dr. Mike Barber (managed care and social service expertise), Dr. Julie Gentile (CCOE leader and psychiatrist at Wright State) and Tony Cook (CEO of DentalCare Plus). Following our May 9th health home training with members only, we have received interest from 7 providers who wish to be on the workgroup with a fairly even distribution of provider size. We are in the process of requesting and receiving the claims data from Medicaid. This data will inform our selection of target counties for the possible health home pilot. We expect to get the data toward the latter part of June. The executive leadership team will develop a much more detailed project plan by the end of June.

**2. Opportunities for Ohioans with Disabilities at risk of losing millions in federal funds**

OOD has had multiple conversations with the Federal Government and believes that a resolution can be found through statutory change. They are intending to make the changes through the MBR. No language has yet been seen. The VRP3 programs are continuing at the present time but with extreme oversight and monitoring under the direction of RSA. The last report we received is that they are at full capacity and have no waitlist.

**3. Employment First**

OPRA has requested to be included in the strategy meetings and resource pool for agencies that will be involved in Project Transformation. This will be an initiative that will provide consultation and guidance for selected agencies that wish to transform from facility based, segregated services to integrated employment. 28 providers (public and private) submitted applications for Project Transformation. Only 8 were selected (5 County Boards and 3 Providers). The department is securing contracts with SME consultants and planning to select a total of 4 (two agencies to one consultant). The feedback we received so far was that the department was really firm on selecting providers who had outcomes and systems of accountability within their plans.

The Department awarded Alan Bergman and Lisa Mills, both nationally known as SME on community employment to complete a system funding redesign proposal for the State of Ohio. Their suggestions are due June 30, 2014 to the department. The proposed suggestions will be followed by community forums to be held in July and August. Workgroups will be created to develop a rate methodology and expected outcomes, which align with the employment first rule. All work on this project is expected to be wrapped-up by the end of November 2014. The RFP requested that the consultants review state systems that have converted to an EF model in no less than four states. The consultants suggested to add an additional two states. The six states being reviewed are: OK, MD, MA, WI, OR and IA. OPRA is currently assessing the EF system designs and funding in these states to determine any patterns and possible consistent system changes that may be contained within the proposal. We have also received some information regarding the transition process and development changes (pros and cons) from the states being reviewed.

Jason Umstot joined the OPRA team on March 31, 2014 and is coordinating OPRA’s employment initiatives.

**4. Adult Foster Care**

At OPRA’s request, DODD convened a group to discuss the underutilization of adult foster care. The first meeting was on March 27th.

At the request of DODD, OPRA is now the lead entity on this workgroup. The next meeting is scheduled for June 16th. The survey results are in from both OPRA and the County Boards.

 A summary of the county board survey is as follows:

**OACB Survey:**

* 72/88 counties responded to the survey
* 50 of the counties stated that they actively pursue AFC placements
* Of the 22 counties that do not actively pursue AFC placements, 50% said it was due to no need in their county.
* The top obstacles to counties accessing AFC:

--lack of able/willing providers of service (22 cb responded))

--lack of provider understanding of rules/requirements (6 cb responsed)

* 67/72 counties stated that they would be interested in pursuing additional opportunities in AFC services

Our task in the next meeting is to identify specific efforts focusing on county boards understanding, awareness and willingness to pursue AFC. In essence our challenge is to parse through the talk and get at actionable steps.

**D. DODD Strategic Planning Leadership Group**

The group continues to meet and gather information from inside and outside of Ohio.

It has not been determined what feedback will be put into practice by DODD.

**E. Independent Contractor Model**

OPRA members continue to participate in our Independent Contractor Workgroup.

Wendy Swager, CEO of Soreo in Tucson, will talk about the independent contractor model they have in place at Soreo. Wendy will discuss the impact on services, Soreo and DSP’s. This conversation may be followed by another conversation with Wendy’s COO and CFO. The IC workgroup will then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.