***OPRA Board of Trustees***

***Consent Agenda***

***June 18, 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. Language was included in HB483 that extends the authority for the Attorney General to offer Rapback to private providers.

Here is the timeline for both tools:

* June – pilot testing with 20 volunteer provider organizations including OPRA members: REM Ohio, CRSI, Guernsey Residential and Havar
* June/July – 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. OACB is doing training on the rule through the Good Life project.

**4. Behavior Support Rule**

DODD has attempted to “fix” ICF issues (NOT exempt ICF’s from rule, but include language from CMS regulations 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. OPRA submitted comments and DODD responded (will send as separate email). They are including ICF’s in the scope of the rule. Need to prepare testimony.

**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. 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. CMS has approved changes. Workgroup meeting scheduled for June 18 @ 1:00.

**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. We have an invite ready to go, but are waiting a few days because ANCOR and 4 other national organizations have requested an additional 18 months to implement the changes. ANCOR is hosting a webinar on June 25th. OPRA staff is registered.

**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 has decided they do not need approval from CMS for ODH and DODD streamlining proposal, rather only agreement on the financial impact on the CMS payment for ODH’s certification contract.

***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.

A no cost extension for Pilot Consultant has been developed. This will enable DODD to carry over the funds across the fiscal year to extend the timeframes for the Waiver Pilot.

A status meeting is set for June 17, 2014 with Director Martin, Mark Davis, Bridget Gargan of the OACBDD, as well as other members of the DODD staff, to review the overall status and review the focus 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. 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. One call has been held to date. 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 8 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.

The executive leadership team selected specific diagnostic groupings that will be used for claims and diagnostic data analysis. We expect to get the information we requested back from the Department of Medicaid toward the end of this month. At that time, we will analyze the information and create a plan going forward. A repeat webinar on the DD-specific health home project is scheduled for June 16th.

**2. OOD Scorecard**

Upon notification from members, we promptly addressed some of the concerns that providers who are VR CRPs had regarding the scorecard that OOD plans to start using soon. Jason Umstot was asked by Director Miller to be part of the special CRP Quality Scorecard workgroup. Although most of the preliminary development work has already been completed, OOD has publically announced that the scorecard is a work in progress and will have many revisions before it is finalized. VR CRPs were sent a copy of the draft scorecard and its process on June 6th from OOD requesting feedback and comments. Jason sent an email out to all member CRPs requesting each one to please participate in this comment/feedback opportunity. Meetings are held approximately twice a month.

**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. A draft copy has already been presented to DODD, however we have not yet heard the suggestions or design. In an unrelated meeting that Jason attended, Mr. Bergman clearly spoke of accountability, focus on outcomes, but the need for funding that would support such expectations. 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 was asked to be part of the “Good Life Community Project” which is being funded through DODD. The purpose of this group is to specifically focus on person-centered planning with respect to a person’s whole life approach. Four areas of this project include: Employer Relationships, Planning and Policy, Living in the Community, and Connecting to My Community. Each team is assigned to a SME or two. Jason’s participation is being on “observer group” which will review, comment and critique/problem-solving to each team’s suggestions to ensure a smooth transition of any processes that are proposed. The final session is to be wrapped up in May of 2015. Other representatives that are part of the “observer group” include: Kristen Helling, Monty Kerr, Stacy Collins and more.

OPRA Employment First Committee Meeting is scheduled for June 23rd at Goodwill-Columbus. Just over 100 people have RSVP’d. As a means to collaborate and possibly recruit new members, we reached out to the VR CRP providers who have become certified through the DODD/OOD partnership. We have 13 representatives from nine different agencies attending, three of which are Goodwills. Directors Miller and Martin, along with Kristen Helling and Joe Kowalski from DODD will be presenting.

***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. The workgroup has been expanded to include CEO/executive director representation in addition to HR leadership.

Wendy Swager, CEO of Soreo in Tucson, discussed the independent contractor model she has in place at Soreo. Wendy discussed the impact on services, Soreo and DSP’s. This conversation will 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.

***F. Business Intelligence Tool***

 Mark Watson is researching and reviewing software used to proved business intelligence. He will work with a wide variety of data sources to populate the OPRA business intelligence tool. He will develop a proposal for a business intelligence tool for OPRA members only. This may require additional funding outside of the current budget and if so, this request will be taken to the OPRA board.

***G. Dropout/DSP Pilot Project***

We met with the Ohio Department of Education about a possible pilot project to develop an alternative pathway to a HS diploma for students at risk of dropping out and who are interested in being a direct support professional in health and human services.  We need to better understand the educational system in Ohio.  ODE pointed us in the direction of local school districts for our next step.  We have a meeting scheduled with one district and are pursuing a couple others.  ODE suggested we begin the conversation with local school districts about such an alternative pathway (through allied health or the “fourth pathway”).