



OPRA Guiding Principles ICF Policy Group

- 1. ICF's are a vital component of the DD service delivery system and must remain an option in the residential services array. We support the utilization of unused, existing beds as a way to meet the needs of underserved populations. ICF's vary in services provided and in populations served. Many possess "community character" as described in Olmstead documents. These homes are part of a greater community and offer residents full community participation and integration. We do not believe that "institution" can be defined by a funding stream alone.**
- 2. Ohio's residential service system could benefit from a voluntary re-alignment. As Developmental Centers downsize and individuals choose services provided by the private sector, the system should encourage and incentivize placement of individuals in the least restrictive setting possible. This should include movement as desired by the individual from ICF to waiver and vice versa, without impediment or unnecessary barriers. Policy decisions should be data driven.**
- 3. As the state spends fewer dollars on developmental center services, the resulting savings need to be re-invested in both ICF and waiver programs; insuring the long term sustainability of community based services. ICF's are serving more individuals with complex behavioral and medical needs. Reimbursement needs to cover costs associated with serving a higher needs population.**
- 4. Funding needs to incentivize the service system envisioned. This includes promoting/assisting with private ICF downsizing initiatives, rewarding downsizing and system efficiencies via the reimbursement structure, removing barriers to movement between residential funding streams and providing for adequate staff training and wages. The downsizing of private ICF's should remain voluntary.**
- 5. The acuity instrument needs to adequately measure the wide range of needs of those receiving services, including the provision of behavioral and medical supports. There should be clear and consistent instructions for completion. It needs to be adequately field tested prior to adoption and monitored for accuracy once in use. The allocation of funding across all providers needs to be equitable as determined by acuity and standardized costs of doing business factors, not a provider's ability to subsidize cost.**
- 6. Developmental Centers should continue the transition of focusing on specialized care and the provision of training resources. OPRA supports the formation of private/public partnerships for the purposes of transitioning ICF's and day/employment programs. Integrated community employment is a goal and should also include the outcome of one reimbursement mechanism that includes both day array and active treatment so as not to develop and/or promote two separate and unequal systems dependent on where an individual resides. OPRA supports quality services which are delivered in the most cost effective manner possible.**